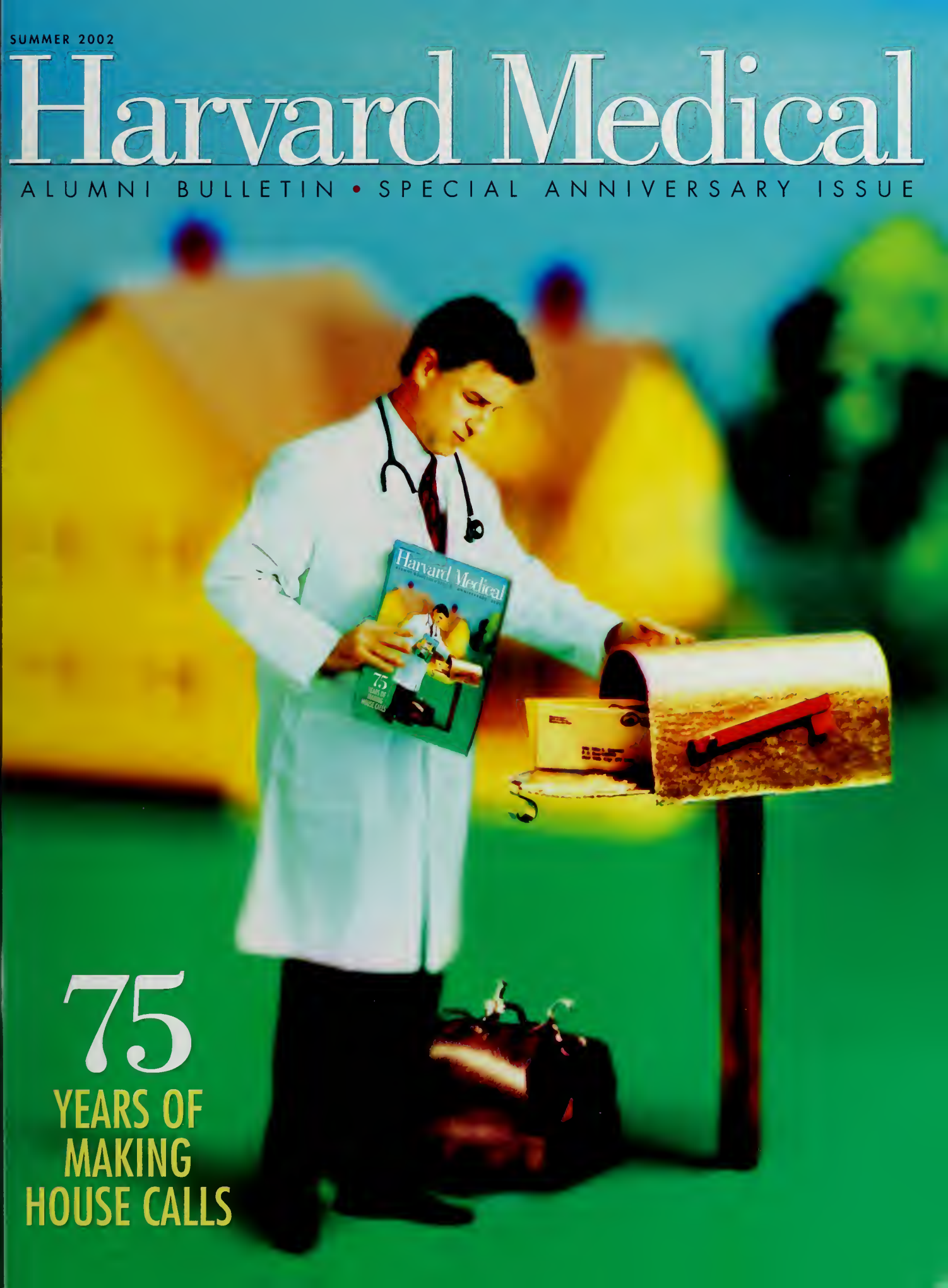
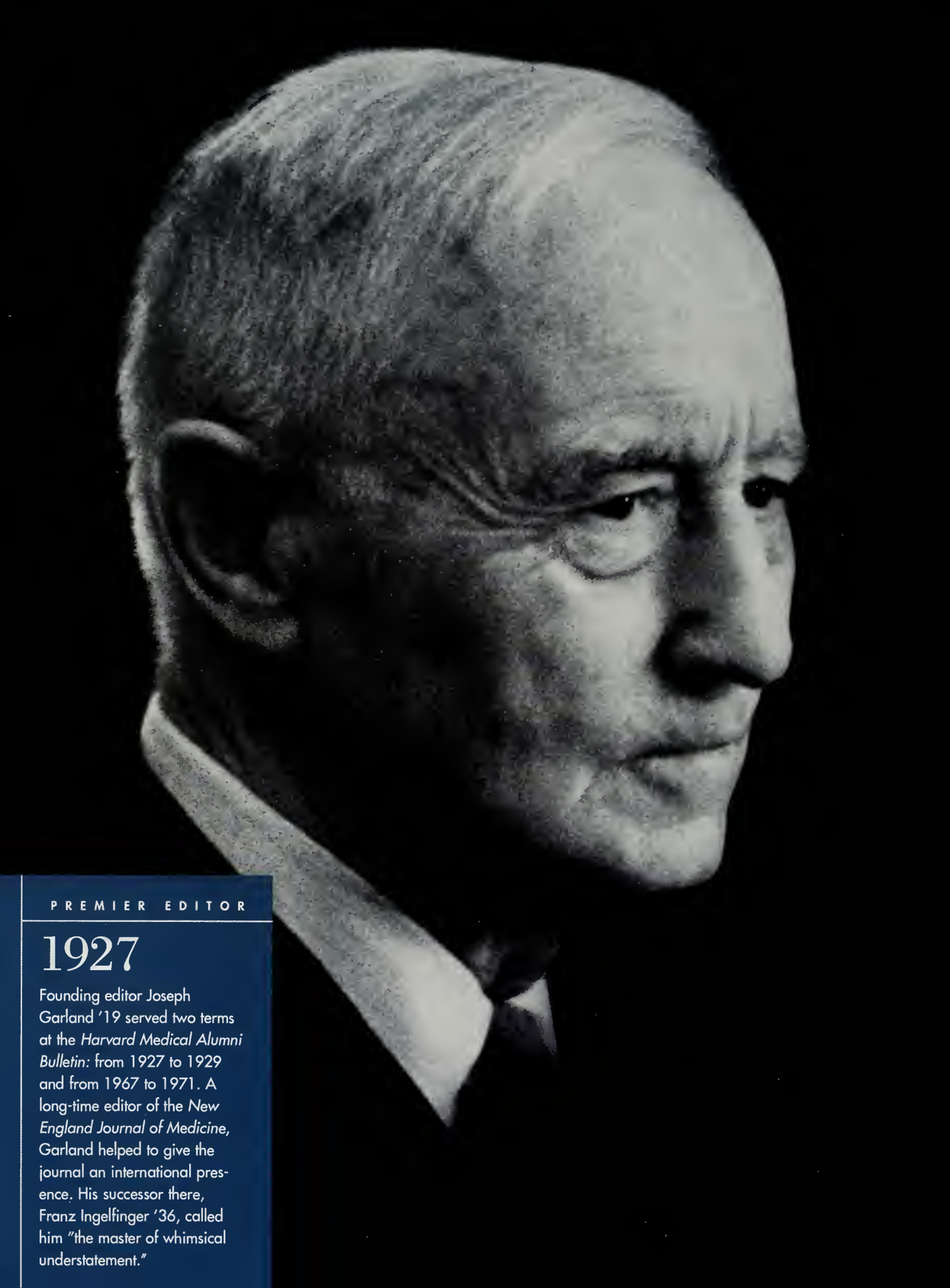
SUMMER 2002

Harvard Medical

ALUMNI BULLETIN • SPECIAL ANNIVERSARY ISSUE



75 YEARS OF MAKING HOUSE CALLS



PREMIER EDITOR

1927

Founding editor Joseph Garland '19 served two terms at the *Harvard Medical Alumni Bulletin:* from 1927 to 1929 and from 1967 to 1971. A long-time editor of the *New England Journal of Medicine,* Garland helped to give the journal an international presence. His successor there, Franz Ingelfinger '36, called him "the master of whimsical understatement."

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Cover photography by Stephen Webster

DEPARTMENTS

Harvard Medical
ALUMNI BULLETIN

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In This Issue

WHEN I ENTERED HARVARD MEDICAL SCHOOL, THE *BULLETIN* WAS JUST half its present age. Unbeknownst to me, I was the last student to be admitted that year (something I would learn later when comparing dates with a classmate who had it on good authority that she was the second-to-last). We clung to each other a bit after that, but contrary to our dire first-year expectation that failure and disgrace were imminent, we both managed to graduate. I did so despite the fact that as a first-year student I was stumped by the trick anatomical question alluded to in the quiz that begins on page 60 of this issue—and, indeed, had trouble identifying many of the structures that seemed of considerable interest to the anatomy faculty. My classmate went on to a distinguished academic and administrative career. By an odder twist of fate, I have become the steward of this increasingly venerable publication, now for one-tenth of its existence.

It has been a singularly happy task, perhaps in large part because the growth curve of the *Bulletin* has so been much flatter than that of the medical school as a whole. Unlike the great majority of medical school publications, we are small, surprisingly independent, and not directly linked to a development office. Which is not to say that we resist development in any way, but only that the character of the *Bulletin* continues to be shaped as much by the needs and interests of our alumni as by the imperatives of institutional growth.

Although we have emboldened the format of the *Bulletin* in the past few years, to stay within our budget we still print our contents two colors short of the full deck. I find the effect, on the whole, trustworthy and serene—minimizing what Rorschach interpreters call "color shock." We employ a staff that is too small to produce all the copy required even for our four issues a year. Instead, we rely on a large cadre of unpaid writers—the graduates of Harvard Medical School. Our readers may be unaware that this is a distinctive feature of the *Bulletin*, a publication that is as much *of* and *by* the people who read it as *for* them. What we lack in profiles of high-flying faculty and heavy-duty research initiatives we trust is more than offset in our pages by the diverse voices of the remarkable women and men who have been shaped by the School. And it is our hope that, as we provide a forum for graduates to talk with each other and the institution, we help them in turn to shape the institution and its values.

It is possible that in years to come electronic formats will supplant certain functions of this modest publication, now 75 years on paper. My hunch is that they will at best only supplement the printed, bound, and posted object, which I hope will continue in a form not much different from what it is now. There is a need for pages that cannot be scrolled; for type that is laid once on the surface and stays there, defining a rectangle of common ground; and for the renewal that comes from a succession of issues, steadily clocking the myriad changes, both subtle and drastic, that have made 1927 come to seem like such a remote place in time.

William Ira Bennett

"Don't be like the people of my generation who sit there and complain about how managed care is destroying medicine but don't do anything about it."

BENJAMIN CARSON

Into the Fray

In the Autumn 2001 issue, Benjamin Carson, empowered by the moral authority of his remarkable personal story, chides those who "complain about how managed care is destroying medicine but don't do anything about it, leaving the decision making in the hands of businesspeople, who are also responsible for earnings per share." Dr. Carson could have gone further and given that Class Day audience a view of the problem terrain and a road map to the solution.

Patients hate the double-digit premium hikes, the bureaucratic hassles, and the loss of free choice of doctor and hospital that HMOs represent. Doctors resent the nonprofessional second-guessing and the undermining of the doctor/patient relationship. Worst of all, and not mentioned by Dr. Carson, is the accelerating disaster of the uninsured, fueled by growing unemployment and the soaring premiums and drug prices that are forcing hard-pressed employers to reduce health coverage or even drop it altogether.

Thus, we careen toward what columnist David Broder predicts will be "a perfect storm" in health care. As I approach my 50th reunion, I have been contemplating the great paradox of American medicine. Alone among the modern countries, we consider health care a commodity and do not accept a societal obligation to cover everyone. The World Health Organization ranked our system 37th in the world. Yet we can provide the best medical care on the planet, and not just at great centers—such as HMS and Dr. Carson's Johns Hopkins—where astonishing advances in care have emerged in the last half century.

Specifically, what should the outstanding clinicians, researchers, teachers, and administrators at our great centers—not to mention the rest of us—do? We should urge our representatives in Congress to join the Congressional Universal Health Care Task Force and work toward passage of House Concurrent Resolution 99. This resolution would direct Congress to enact legislation by October 2004 that provides access to comprehensive health care for all Americans. Although it does not endorse any one model of reform, the resolution lists 14 key attributes of a just and efficient health care system.

Let's get off the bench and join Dr. Carson in the arena.

JAMES S. BERNSTEIN '52
ROCKVILLE CENTER, NEW YORK

By My Troth

I am writing to acclaim the excellent revision of the Hippocratic oath by the Class of 2001 and the literate and concise elucidation of the renewed covenant by Jeffrey Munson. Granting that idealism in the setting of a commencement has its hazards, I felt that Dr. Munson's restatement of the mission of the medical profession was extraordinarily well expressed.

I doubt whether, at our commencement 65 years ago, even those who later proved to be among the most literate and articulate of our class—Lewis Thomas and Russ Elkinton—even in that era of Dr. Francis Peabody's "Care of the Patient," could have expressed medical and professional aspirations as strongly and clearly as did Dr. Munson and his classmates.

JAMES T. HEYL '37
EXETER, NEW HAMPSHIRE

March Madness

I couldn't help but smile at the letter to the editor that James Davis '47 wrote in the winter edition of the *Bulletin*. I entered the Navy in 1943 as a Hospital Corpsman after three semesters at Harvard, but was just a senior at the Boston Latin School when Dr. Davis was a freshman soldier at HMS.

Some of your readers might not know that Boston Latin is down the street from Vanderbilt Hall, just beyond the old Boston Lying-in Hospital. In those days the Boston public schools had a School Boy Cadet Corps starting in the ninth grade. Latin was a large high school, and we had two regiments of cadets. After four years, we got pretty good at marching and manipulating our old Springfield rifles. By the time we were seniors, we were usually officers, and I ended up commanding a company of ninth graders.

One day, I was sitting in a study hall, and the teacher had left the room. Someone yelled, "Come look at this!" Everyone rushed to the windows. There, marching down Avenue Louis Pasteur, was a ragtag bunch, all in the fuzzy khaki dress uniform of the U.S. Army. We thought of ourselves as connoisseurs, and, as kids will do, had some wise remarks to make. Someone proclaimed that these guys were HMS students. I was particularly

interested in this small parade, because I hoped to attend that school someday and become a doctor. I was not impressed, and remember hoping that HMS made better doctors than it did soldiers.

Years later I asked a somewhat older HMS grad what it had been like to be a medical student and in the Army at the same time. He explained that the students had all been gathered in the Vanderbilt Hall gymnasium, where they were told that they could either join the Army and stay in school, or be drafted at once into the infantry. The response was no surprise: everyone volunteered. On the first day, after the swearing-in process had concluded, the "troops" were massed. An officer, perhaps Major Rosengard, delivered an oration, which ended with this motivating exclamation: "Okay, men, now let's make this a *real* medical school!"

Parenthetically, in 1947 when I returned to Harvard College from the Navy, they were trying to get all the veterans out as fast as possible. They wanted to give me a year of credit for my training and experience, but I managed to graduate as a member of the Class of 1948 in 1949. I do not regret my service, which was a defining experience in my life. As for my four years at "the Medical School," I was glad I did not have to learn to march there.

JOHN B. CADIGAN, JR. '53
NEEDHAM, MASSACHUSETTS

> After four years, we got pretty good at marching and manipulating our old Springfield rifles. By the time we were seniors, we were usually officers.
>
> JOHN B. CADIGAN, JR. '53

PHOTO COURTESY OF THE B[illegible]

Love Thine Enemy

Reading my classmate Albert England's letter in the Winter 2002 issue, in which he kindly recalled an open-heart surgery I performed on an injured soldier during World War II, brought back many memories. I'd like to share one in particular.

In December 1944, elements of the 60th Division of the Third Army were desperately fighting—and dying—in the little town of Saarlautern, Germany. My team had pulled up to give them surgical support. We set up a makeshift medical station in a red brick schoolhouse on a riverbank in a nearby town and began receiving a steady flow of casualties, whom I triaged as they were being unloaded from an ambulance. One of the medics came and said, "Doc, I've got a couple of wildcats for you. These two guys shot each other from across the street, then were swatting at each other in the ambulance until the morphine cooled them down. Keep your eye on 'em."

The Yank, whom I'll call "Bruce," had a nasty slanting wound in his belly that had cut a furrow, exposing a couple of perforated and protruding loops of small bowel. We covered them with moist abdominal pads, then explored the entire abdominal cavity. When we found no other internal injuries, we irrigated the cavity and repaired the two injured intestinal segments.

When we had debrided the damage to the abdominal wall, controlled the bleeding, and inserted the drains, we realized that closure was going to be difficult. But we had run out of stay sutures. So I asked a corpsman to remove the laces from the new pair of boots I was wearing and soak them in bichloride of mercury solution while I operated. After we had prepped the wound and before we closed it in the various abdominal layers, we inserted six or seven of the eight-inch rawhide strips through little parallel stab wounds on each side of the incision. We then tied the thongs across the incision snugly but not too tightly, or they would hamper circulation and cause sloughing and infection.

We then began the repairs on the German lad, whom I'll call "Gunther." His wound was an upward slanting perforation through the right chest. The cut had caused little damage beyond his profuse bleeding, which we were able to control. We persuaded one of our helper German prisoners to donate a liter of matching blood to his countryman. This pulled Gunther out of incipient shock. Then we dealt surgically with his wound.

In our wards for the next four days, Bruce and Gunther both recovered well. The first day, they only glared at each other. The second day, Bruce offered Gunther a stick of gum. That broke the ice, and they began trying out each other's language. The next day they were talking like old friends in a broken mixture of English and German. They were laughing together and showing each other family pictures and even their wounds. The final day, they insisted on being sent to follow-up treatment units in the same ambulance and to the same hospital unit.

These two boys who, a few days before, had tried to kill each other at the insistence of their commanders, could have been brothers—even in appearance. Does this incident say something about war?

DOUGLAS STONE '37

Editor's note: We were saddened to learn that Dr. Stone died on April 28, shortly after we received his letter.

The Angina Monologues

THIS YEAR'S SECOND YEAR Show marked the 100th anniversary of the Aesculapian Club, which sponsors the student-produced spectacle. To commemorate the occasion, the Class of 2004 invited audience members to consider what might have happened if (gasp!) HMS had never existed.

The play opens with a disgruntled student wishing away her life at medical school. She is visited by three spirits who usher in a world where HMS is no more, leaving its professors to find new careers. As Act One, "The Angina Monologues," begins, Daniel Lowenstein '83, dean for medical education, embarks on a career as a dancer; lecturer Cynthia McDermott becomes a kindergarten teacher; and neurology professor Elio Raviola goes into business.

IT'S A WONDERFUL LIFE: A cast of wacky characters teach the value of medical school. Above, students impersonate Professors Elio Raviola (left) and Don Goodenough.

Act One concludes with a turf war, *West Side Story*–style, between the "Teeth" (students from the dental school, of course) and the "Geeks" (students from Health Sciences and Technology). While the Teeth proclaim, "I want to work on cavities/I want to charge outrageous fees," the Geeks sing, "I'll explain stereochemistry/To undergrad geeks who worship me." Clearly, without their studies to keep them busy, the students are getting out of hand.

STAGE WHISPER: An oddly clad spirit of HMS helps usher in visions of life without medical school, where students and teachers are forced to sing for their supper.

The chaos continues in Act Two, "Viva Las Vagus," with a *Pulp Fiction* spoof centered on the neurology department. And as the show follows the misadventures of other HMS professors, the cast regularly breaks into song-and-dance routines, including Latin numbers ranging from traditional salsa to contemporary pop. Without medicine to fall back on, several male professors become exotic dancers, and if that's not enough to satisfy the audience, Lowenstein returns for a final disco number (to the tune of ABBA's "Dancing Queen": "See that guy/Watch that dean/His name is Lowenstein").

By the show's finale, however, the disgruntled student has realized that life at HMS isn't so bad after all. To the tune of "There's No Business Like Show Business" from *Annie Get Your Gun*, the cast of the Second Year Show belts out, "There's no business like our business like no business I know/Everything inside you starts to shake up/When your paper in *Nature* appears/In no other field do they pay you/To look inside other people's ears." On that note, second years return to their studies, and the audience leaves with new insight into the life of the medical student.

Chris Boulton, who co-produced the show with Lori Coburn, Loretta Erhunmwunsee, and Sabrina Vineberg, says she gained new admiration for her fellow students. "The Second Year Show really opened my eyes to the phenomenal group of people who make up my class," she says. "I walked away from the experience with a profound appreciation for the uniquely talented, intelligent, and caring group of people that I feel privileged to call my classmates." ■

DEBITS AND CREDITS: At a Scholarship Recognition Luncheon, Dean Joseph Martin (left) talks with Alvan Ikoku '03.

Lucky 13

When *U.S. News & World Report* released its 2003 ranking of medical schools, HMS was cited as the country's top medical school in research for the 13th year in a row. The School placed seventh among medical schools in primary care. Among the medical specialties, HMS ranked first for internal medicine, pediatrics, and women's health. The School captured the number two spot in both geriatrics and drug and alcohol abuse, and ranked third in AIDS. Harvard also ranked second for graduate programs in biological sciences. In the science specialties, Harvard came in first for molecular biology, microbiology, biochemistry, and cell biology (tying with Stanford). In neuroscience, Harvard placed second.

Tenley Albright '61 with her father, Hollis Albright '31, in 1956

The Future of Neurosciences

The Secand Annual **Hollis L. Albright '31 Symposium** will explare "The Future af Neurasciences at HMS" on October 17. Speakers will include **Steven Hyman '80**, provast af Harvard University; **Carla Shatz**, chair af the HMS Department af Neurabialagy; and **Joseph Martin**, dean af HMS. The Hollis L. Albright '31 Award will be presented during the sympasium. (Registratian will begin at 4:00 p.m. in the Tastesan Medical Educatian Center at 260 Langwood Avenue in Bastan; cantinuing medical educatian credit is available.)

For more informotion, contoct Tenley Albright '61 ot 617-247-8202 or Tenley1003@ool.com.

On Borrowed Time

IMAGINE THAT YOU ARE A SURGEON IN your early 30s, working in a subspecialty not known for especially high rates of compensation. You are married and would like to start a family, but there is one detail holding you back: as a result of pursuing a career path you love, you owe your medical school $50,000 and the federal government an additional $100,000. This is not a fictional scenario, but one recent HMS graduate's real-life predicament.

The prospect of making monthly loan repayments totaling nearly $2,000 for many years to come has led this graduate and his wife to put their plans to have children on indefinite hold, as they struggle to figure out how to refinance their debt burden in a way that will allow them to maintain their modest lifestyle and, at the same time, plan responsibly for child care, insurance, college, and other family costs.

"I love what I do," says this graduate, who prefers to remain anonymous. "But frankly, if I had to choose all over again, knowing what I do now and having to deal with the psychological stress that comes with carrying such a large debt burden, I can't say with certainty that I would take the same path."

What has HMS administrators worried is that this graduate's debt dilemma—and his reaction to it—is not at all unusual. To help alleviate the burden, this spring, Dean Joseph Martin announced the HMS Scholarship Campaign, whose goal is to raise $35 million over the next three

years. The new funds will directly benefit students by reducing the amount of money in loans needed to attend HMS and replacing it with increased grant support.

Seventy percent of HMS students receive financial assistance. For members of the Class of 2002, the average educational debt upon graduation was more than $88,000, with many owing more than $150,000. Currently, only 6 percent of endowed funds are earmarked for scholarships.

Martin characterized the enormous debts accumulated by many students as "a staggering load for someone about to indenture him or herself to three to eight years of resident training. Already, the impact of student debt is making itself felt in choosing a specialty." Noting that today's young doctors are entering a "vastly altered medical world," Martin pointed out the career limitations imposed by "managed care, uncertain salaries, and weakened hospitals and practice groups."

In conversation after conversation with recent graduates, Daniel Federman '53, senior dean for alumni relations and clinical teaching, has heard confirmation of this disturbing tendency for some students to "turn away from career choices that they deeply want and are uniquely suited for" in response to the burden of debt. "We seek for the School to reflect the future of America—and for that matter, the world," Federman said, adding that "at the same time we are also deeply committed to the middle-class students whose families just can't carry the entire burden of a medical education."

Thus far, more than $18 million has been raised during the "quiet phase" of the campaign. "By lowering student debt," Martin said, "scholarships allow graduates the increased freedom to follow the career path that they most desire, be it in academic medicine, primary care, or service in underprivileged areas."

Talking Heads

WHY DO WE ACT THE WAY WE DO? WHAT DETERMINES OUR personality and patterns of behaviar? Todoy we use psychology and genetics ta wrestle with these eternal questions; the nineteenth century found its awn explanatians in phrenalogy—the study of human croniol structures and their implicatians for humon noture ond chorocter. More thon just reoding bumps on the head, phrenalagy had a camplex theoretical framewark ond a long evolutian. The mavement elicited great interest amang scientists and the public in the United States and Europe. The Cauntway Library af Medicine recently mounted an exhibit, "Talking Heads," to explare the basis far phrenologicol study, some af the major figures associated with it, and the unique role thot Boston ployed in the history of this populor movement.

Highlights of the exhibit include texts ond medols of Franz Joseph Goll, the founder of phrenology, and monuscripts, books, o silhouette, and an oil painting of J. G. Spurzheim, Gall's assistant, wha visited Bastan in 1832 ta promate the new science. In the mid-nineteenth century, Orsan and Larenza Fawler turned phrenalagy inta a wildly prafitable business, seeking to imprave the lat af humankind through teaching, lecturing, and interpreting the cantaurs of heads. Samples af the Fawlers' character reodings, symbolic heads, and papular phrenology manuol ore displayed in the Cauntway exhibit, olang with some of the satiric prints inspired by the movement. Publicatians, advertisements, and historicol records of the British Phrenalagical Society—which remained active until 1967—testify to the enduring fascinatian af this peculiar study af skulls.

heads up

"Talking Heads" will be on display at the Countway Library of Medicine through October 4, 2002. Ta learn mare, contact Jack Eckert at 617-432-6207 or jack_eckert@hms.harvard.edu. Far the online gallery, visit http://countweb.med.harvard.edu/rarebooks/talking_heads.

Striking a Match...

HMS FOURTH-YEARS JOINED THEIR PEERS AROUND THE country on March 21—Match Day—in finding out where they would be spending their residency. Ninety-seven percent of this year's graduating class opted to pursue clinical programs. About half will remain in Massachusetts, with nearly 96 percent of those at HMS affiliated hospitals. Other frequently chosen locations for residencies were California (19 percent) and New York (13 percent). The most popular specialties were internal medicine (30 percent); pediatrics (10 percent); radiology (8 percent); and general surgery (8 percent).

ANESTHESIOLOGY

Angeline Chong
Johns Hopkins Hospital

Kurt Fink
Brigham and Women's Hospital

Susan Wittman
University of Massachusetts Medical School

DERMATOLOGY

Rita Fisler
University of Kansas School of Medicine

Matthew Halpern
St. Luke's–Roosevelt Hospital Center, New York, NY

Scott Smith
Duke University Medical Center

EMERGENCY MEDICINE

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Janathan Kenyan
Harbor–UCLA Medical Center

Tamara Rubin
Johns Hopkins Hospital

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Tara Scott
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Beth Israel Deaconess Medical Center

Jasan Handwerker
Beth Israel Deaconess Medical Center

Jasan Harris
Massachusetts General Hospital

Karen Lee
Beth Israel Deaconess Medical Center

Maryellen Marris
Beth Israel Deaconess Medical Center

Anthany Pawell
Emory University School of Medicine

Lee Ragers
University of Alabama Hospital, Birmingham, AL

Omar Sahagun
Massachusetts General Hospital

Juan Small
Brigham and Women's Hospital

Bruce Stewart
Massachusetts General Hospital

UROLOGY

Vesna Ivancic
UCLA Medical Center

OTHER

Lydia Carpenter
Transitional Year, David Grant Hospital, Travis Air Force Base, CA

Elizabeth Drye
Research Coordinator, Yale University School of Medicine

Scott Naisbett
Associate, RiverVest Venture Partners, St. Louis

Jacquin Niles
Postdoctoral Research

Constantine Pitris
Research, University of Cyprus

Jahn Reppas
Postdoctoral Research

PRESIDENT'S REPORT

ON A BRACING JUNE MORNING during Alumni Week, under the tent on the Quadrangle, I turned the Alumni Association gavel over to Mitchell Rabkin '55. I know that many in the audience were thinking at the time about the root derivation of gavel (from *gafol*, a tax or tribute, e.g., capital gains *gafol*, as Saxon legislators were wont to use the term[1]). The chilled multitude rendered unto Mitch a *gafol* to indicate that they were pleased with the prospects for the coming year. And so they ought to be—Mitch and the Alumni Council have an important agenda for 2002–2003.

First, the analysis of the recently concluded alumni survey will be completed this fall. We will report the results on the Alumni Association's web site and in the *Bulletin*. The demographic information we received from the thousands of you who responded is helpful, and your responses to the questions—particularly, "What would you discuss with Dean Joseph Martin if you had 20 minutes with him?"—will, I think, make extraordinary reading for you, as they have for Dean Martin, Daniel Federman '53, Nora Nercessian, and those of us on the Council. (This archive is now 600 pages of single-spaced typescript. When we ask the question next year, we'll limit your answers to just *three* minutes with the dean.)

Second, this project will create a template that will improve the School's ability to recruit underrepresented minority faculty. Encouraged by the dean, this effort by Mitch and other Council members has tapped a number of regional and local resources—including other Harvard graduate schools, industry, and minority-based professional organizations—for insights and strategies. The initiative also takes an important look at faculty recruitment within the affiliated hospitals.

Third, the Council will conduct a survey to determine how HMS graduates estimate the value of their career choices in a medical world in which reference points are rapidly shifting.

Finally, a new program that Mitch suggested has already begun. It puts freshly minted HMS graduates in contact with HMS alumni already in the house staff training programs that the new graduates are about to enter.

When you receive your local school *gafol* bill this fall, you will likely think of Mitch and the Alumni Council and its agenda—and it's good that you will.[2] The Alumni Council at HMS works. It's mission oriented, it's accessible to you, it has vitality, it collaborates creatively with the dean, and it benefits hugely from the insights of Dan Federman and Nora Nercessian. ■

Your responses to the questions—particularly, "What would you discuss with Dean Joseph Martin if you had 20 minutes with him?"—will, I think, make extraordinary reading.

Paul J. Davis '63 is senior associate dean for clinical research at Albany Medical College.

[1]*The German term for gavel,* der Hammer, *doesn't quite convey the same message. Or does it?*

[2]*Saint Bede tells us that the concept of an annual school tax originated in Northumbria. The Bede also notes that it was Portia of Middle Anglia who wrote, "Pride goeth before a* gafol." *Portia conceived the special purpose entity (SPE) that permitted Anglo-Saxon businesspeople to keep huge debts off their balance sheets. She traded in firewood futures.*

This Side of Doctoring

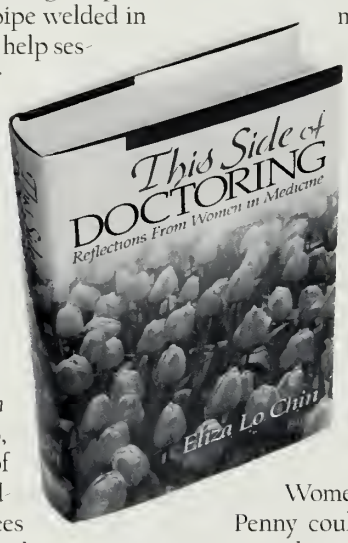
Reflections from Women in Medicine
edited by Eliza Lo Chin '93 *(Sage Publications, 2002)*

"Can a woman physician be lovable?"
—MARY PUTNAM JACOBI, MD, 1864

OUR ORGANIC CHEMISTRY PROFESSOR WAS OVER FROM OXFORD, where she was the only woman in her department. She wore gingham and checks, went by her first name, and blushed at the blackboard. Hopes for a humane summer rose in the hearts of 200 premed students who, to a person, lacked an atom of interest in organic chemistry.

That July, Prince Charles married Diana in Westminster Abbey. At the end of a lecture on stereoisomers, someone suggested that Penny might want to let us go early in honor of her countrywoman. The professor turned from the board. "I find Diana nothing to celebrate," she said. "I have no time for that nonsense." Her chalk squeaked.

I happened to be in her office later that morning, desperate for a fix on stereoisomers. It was as if a pipe welded in Britain had burst in America. All through the help session, she gushed bitterly from behind her desk about what it had taken to become the only woman chemist at Oxford—a training far more punishing and isolating than any Diana would know. A dog's life had more support. I left full of despair about left- and right-handed molecules but full of relief on a different matter. Thank God, I thought, I'm only going to be a doctor.



Not that the accomplishments of women physicians are insignificant. The most astounding part of *This Side of Doctoring: Reflections from Women in Medicine*, edited by Eliza Lo Chin '93, comes just after its end, with the 35 pages of contributor bios. Never mind managing a medical career and a family—there are dual degrees and multiple fellowships. One surgeon has published more than 100 articles and book chapters. Another skis and does underwater photography. This professor of family medicine carves rocks. That one speaks in schools about colonial medicine. This pediatrician has four children, that endocrinologist has five, this psychiatrist six, and the nephrologist only two—but she raises chickens as well. There are also pioneer doctors from the early nineteenth century; one married at 14, and most made house calls by horse.

Here, these authors write of themselves in forthcoming, naked, and strangely unprofessional ways; none of these pieces would feel at home in a medical chart. There are chapters with titles like "Barriers," "Connections," and "Balancing," and entries called "From Chivalry and Off-Color Jokes to Acceptance and Respect," "Whine List," "Where Is the Self?" and "mommydoc." I am sure my professor's patience for the entire project would be limited. I can see her in the lab, that consummate and devastated chemist, wearing protective eyegear while she skims and then tosses the book away. She Has No Time For That Nonsense.

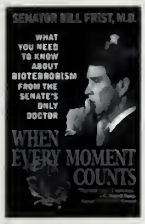
Still, barriers and balancing are our lives. Any doctor-mother struggles with and against her own biological instincts: caring for a febrile patient in the ICU when her own baby is at home with a higher fever; after a night on-call, being tucked into bed by her toddler, when it should have been the other way around. The experience of bearing and mothering children *is* exclusively female, and doctoring drains time from the precious project. "Raising children," writes one specialist (as only a specialist could), "is like...the natural history of diabetic neuropathy...You know the prognosis, but you do whatever it takes to slow it down."

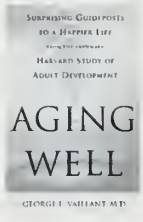
Deciding *not* to mother or bear children is also a woman's choice alone. Two especially moving pieces, from women who chose childlessness, may be the bravest and most poignant writing in the book. They paid honestly and painfully for fully medical lives, when it is once again culturally incorrect—after a few decades of tolerance—to be childless.

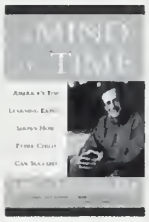
In order to relax with this kind of book, though, you must decide not to argue one of its assumptions: that women corner the market on emotional experience. All physicians are changed forever by the labors of training, professional ambivalence, and loss of personal time and meaning. Waves of tenderness toward patients followed by guilty dispassion rise in both sexes. Men, too, weep after giving terrible news to hoping families. HMOs enrage everyone. Women hold no patents here.

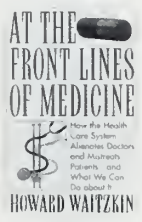
Penny could not have tolerated *This Side of Doctoring*. It covers the same territory over and over again: job, child, mate, compression, depression, complaint, reward. Yet life itself—for those of us who survived premedical education—is juggling the balls of work, love, and motherhood over and over again. It takes years of practice to make it look easy and it is impossibly acrobatic, but all the fuss is because these are the only balls that matter. ■

Elissa Ely '88 is a lecturer on psychiatry at HMS.









When Every Moment Counts

What You Need to Know about Bioterrorism from the Senate's Only Doctor
by Senator Bill Frist '78
(Rowman & Littlefield Publishers, 2002)

Senator Frist offers practical advice to help readers protect themselves in today's uncertain times. He includes information on biological agents such as anthrax and smallpox, the dangers posed by chemical weapons, and the vulnerabilities of our food and water supplies. The book also includes a list of Web sites to help readers keep up with changes as they develop.

The Symbolic Impetus

How Creative Fantasy Motivates Development
by Charles T. Stewart '50
(Free Association Books, 2001)

The author, a Jungian child psychiatrist, offers his perspective on the role of the symbolic process in the maturation of personality and in the therapeutic overcoming of blocks to growth. The book describes the phases of the symbolic process as well as healing roles played by the symbolic modes characteristic of different stages of development.

Complications

A Surgeon's Notes on an Imperfect Science
by Atul Gawande '94
(Metropolitan Books, 2002)

In his debut essay collection, surgeon and *New Yorker* staff writer Gawande explores the conflicts and uncertainties that lie at the heart of modern medicine. Dramatic stories detail the treatment of patients with such challenging cases as necrotizing fasciitis, morbid obesity, and chronic pain. Other essays address ethical issues, including the failure of physicians and organizations to police the profession.

The Healthy Kitchen

Recipes for a Better Body, Life, and Spirit
by Andrew Weil '68 and Rosie Daley
(Knopf, 2002)

Weil and co-author Rosie Daley team up to present an easy-to-use guide to preparing meals that are not only healthy, but also attractive and tasty. In addition to more than a hundred recipes, the book features calorie and nutrition breakdowns, shopping guides, and tips on involving children in meal preparation. Weil reviews his philosophy of nutrition in his introduction and sprinkles more of his advice throughout the book.

Aging Well

Surprising Guideposts to a Happier Life from the Landmark Harvard Study of Adult Development
by George E. Vaillant '59
(Little, Brown and Company, 2002)

Combining hard data from the Study of Adult Development at Harvard University with individual case histories, Vaillant offers an explanation of why some people live more healthily and happily than others. The book shows how individual lifestyle choices play a greater role than genetics, wealth, or race in determining the quality of people's later years.

A Mind at a Time

America's Top Learning Expert Shows How Every Child Can Succeed
by Mel Levine '66
(Simon & Schuster, 2002)

Drawing on research into brain function as well as his own 30 years of working with students from kindergarten through 12th grade, Levine shows how children learn in unique ways based on the strengths of their neurodevelopmental systems. The book provides a guide to help parents and teachers detect early signs of breakdowns in learning and recognize each child's untapped assets.

At the Front Lines of Medicine

How the Health Care System Alienates Doctors and Mistreats Patients...and What We Can Do About It
by Howard Waitzkin '72
(Rowman & Littlefield Publishers, 2001)

The author analyzes how costs, coverage, and access to medical care have changed the way doctors make decisions about patient care. He discusses why a community's social and economic conditions have more impact on health outcomes than the type or quality of available health services, and describes a plan of action for improving health care in the United States. The book also vividly illustrates the dilemmas that patients often face.

For Heart Attack Victims, A Little Tea with That Sympathy

Drinking tea on a regular basis may help protect patients with existing cardiovascular disease, according to a study in the May 7 issue of *Circulation*, which found an association between tea consumption and an increased rate of survival following a heart attack.

"The health benefits of tea have been reported in numerous studies in recent years, but among healthy individuals the evidence of tea's benefits is actually mixed," notes the study's lead author, Kenneth Mukamal, an HMS assistant professor of medicine in the Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center. "The greatest benefits of tea consumption have been found among patients who already have cardiovascular disease."

Mukamal and his co-authors found that among people who had suffered heart attacks, those who reported being heavy tea drinkers had a 44 percent lower death rate than non–tea drinkers in the three and a half years following their heart attacks, while moderate tea drinkers had a 28 percent lower rate of dying when compared with the non–tea drinkers.

The key to this protection appears to lie with a group of antioxidants known as flavonoids, which are plentiful in both black and green tea. Flavonoids, which are also found in certain fruits and vegetables, could be working to help the heart in one of several ways, according to Mukamal.

"It's pretty clear that flavonoids can prevent LDL [low-density lipoprotein] cholesterol from becoming oxidized," he says, explaining that oxidized LDL can lead to the development of atherosclerosis. In addition, a recent study found that drinking black tea improved endothelial function—the ability of the blood vessels to relax—in cardiac patients. Finally, Mukamal adds, flavonoids may have an anti-clotting effect.

The observational study was made up of 1,900 men and women, mainly in their 60s, who were interviewed an average of four days after suffering a heart attack and asked to report how much caffeinated tea they typically drank each week. The participants were then separated into three groups: non–tea drinkers, moderate tea drinkers (fewer than 14 cups per week),

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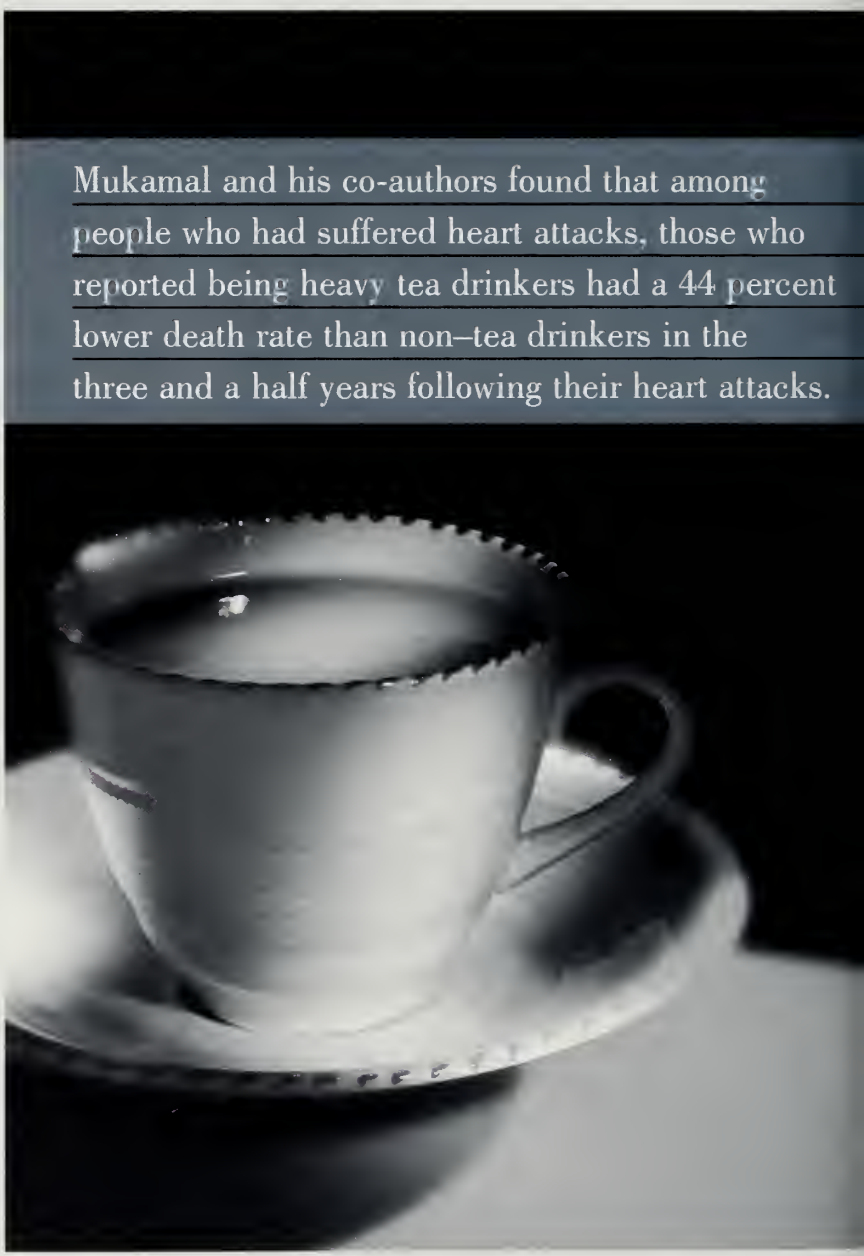


PHOTO: JAMES JACKSON PHOTOGRAPHY

and heavy tea drinkers (14 or more cups per week).

On the basis of these criteria, 1,019 participants were categorized as non-tea drinkers, 615 were moderate tea drinkers, and 266 were heavy tea drinkers. The participants were followed up 3.8 years later, at which time 313 of them had died, most of them from cardiovascular disease. After accounting for differences in age, gender, clinical factors, and lifestyle factors, the researchers found an inverse relationship between tea consumption and mortality.

"What was surprising was the magnitude of the association," Mukamal says. "The heaviest tea drinkers had a significantly lower mortality rate than the non-tea drinkers."

As is the case with any observational study, he notes, these findings could be accounted for by differences in lifestyle other than tea drinking. "One of the biggest potential criticisms of this study is that people who drink tea might be expected to live healthier lifestyles than people who don't drink tea," Mukamal explains.

"But among this particular group—people mainly in their 60s who had suffered heart attacks—tea consumption was not strongly related to lifestyle," Mukamal adds. In other words, the participants were similar in terms of education, income, exercise habits, and smoking and drinking habits whether they drank a lot of tea or no tea at all.

Mukamal does caution, however, that although these findings strongly suggest that tea consumption reduces the risk of death following a heart attack, controlled clinical studies still need to be conducted. In the meantime, a nice cup of hot tea may just hit the spot. ■

Bonnie Prescott is a science writer at Beth Israel Deaconess Medical Center.

Got Milk? Good.

A REPORT BY HMS RESEARCHERS

A could give those milk-mustached celebrities in television and magazine ads a new reason to proclaim the benefits of dairy foods. In a study of 3,000 young adults, Mark Pereira, David Ludwig, and their colleagues found that subjects who consumed the greatest amounts of dairy products had a lower risk of developing insulin resistance syndrome, a precursor to heart disease and diabetes. The effect was most marked in overweight subjects who, by virtue of their extra poundage, are already most vulnerable to the syndrome and its sequelae.

"Insulin resistance syndrome is the soil in which two main killers of Americans grow—type 2 diabetes and heart disease," says Ludwig, HMS assistant professor of pediatrics at Children's Hospital and senior author of the study in the April 24 issue of the *Journal of the American Medical Association*. Pereira, also an HMS assistant professor of pediatrics at Children's Hospital, is lead author.

Insulin resistance syndrome—a combination of obesity, hypertension, abnormal glucose metabolism, and dyslipidemia (low levels of high-density lipoprotein cholesterol in serum)—is on the rise among young Americans. At the same time, young people are consuming less milk and more soft drinks, fewer dairy products and more refined carbohydrates.

To explore the relationship between insulin resistance syndrome and dairy consumption, the researchers analyzed the intake of dairy products by young adults enrolled in the Coronary Artery Risk Development in Young Adults (CARDIA) study. Among overweight subjects, those consuming the smallest amount of dairy were at least three times more likely to develop insulin resistance syndrome after ten years than those eating the most. The effect was less evident in lean subjects, who may be protected against obesity and insulin resistance for genetic or other reasons.

How do those glasses of milk and cheese wedges confer their benefit? One possibility is that dairy products contain a health-promoting factor. Yet when the researchers accounted for factors found in dairy, such as calcium, the correlation with reduced risk of insulin resistance remained unchanged. Another possibility is that dairy drinks and foods are more satisfying than equivalent numbers of calories in refined carbohydrates. Previous work by Ludwig, director of the obesity program at Children's Hospital, and colleagues has shown that refined starchy foods and concentrated sugars, which have a high glycemic index, promote hunger and food intake among obese teenagers.

More research is needed before dietary recommendations about dairy can be made, Ludwig says. Based on his and other researchers' work, he believes that current nutritional recommendations promoting low-fat, high-carbohydrate diets may need reevaluating. "When people are focusing on cutting back on fat, they are not eating more fruits and vegetables," he says. "They are consuming bagels, fat-free Twinkies, and soda pop." ■

Misia Landau is senior science writer for Focus.

The Bulletin 75 years

MUCH HAS CHANGED SINCE THE *BULLETIN'S* inaugural year, when Elliott Cutler '13 tartly characterized the difference between surgery and medicine in these terms: "Mistakes in surgery may cost the patient his life, whereas a little more or less rhubarb or jalap hardly does more than hasten the step." For 75 years, Harvard Medical School graduates have reflected on medicine's shifting landscape. Trading stethoscopes and scalpels for pens and now keyboards, they have recorded in the *Bulletin's* pages their hopes and homilies for medicine, as well as their fears and frustrations.

75 YEARS OF DOCTORING TEXT

HEART TO HEART: Dr. Ralph Schmidt and nurse Florice Smith attend to a young patient at the House of the Good Samaritan in 1937.

by Beverly Ballaro

Historical and social forces have influenced the way medicine has been taught at Harvard Medical School for the past 75 years

LEARNING CURVES

READERS OF THE INAUGURAL ISSUE OF THE BULLETIN inhabited a world in ferment. The wealth of the Roaring Twenties had fueled leaps in technology, seienee, and entertainment. In 1927, the year the *Bulletin* made its debut, Charles Lindbergh completed his historie solo transatlantie flight, Georges Lemaître proposed the Big Bang Theory of the universe, and *The Jazz Singer* dazzled motion pieture audienees with audible dialogue for the first time. The largesse generated by the booming stoek market had benefited hospitals and medieal sehools. Yet the aura of tremendous optimism proved fleeting. Within a few years,

“WE ARE IN THE MIDST of another war and facing the prospect of a diminishing supply of acceptable male students. Without doubt the question of accepting women students will arise again.”

the world would embark on an odyssey of military and social upheaval that would profoundly alter life at HMS and in the nation at large.

Inevitably such seismic shifts in the culture revolutionized both the substance and philosophy of education at HMS. In 1927, Elliott Cutler '13 noted in the *Bulletin*: “Education, like clothing, is somewhat a matter of fashion and runs in cycles, now long, now short, now bedecked with much show and many frills, again reduced to almost naked simplicity.” The decades that followed revealed the perspicacity of Cutler's observation. Over the past 75 years the *Bulletin* has chronicled the many ways in which HMS has reflected—and sometimes resisted—the social and historical forces that have shaped the educational environment of the School and the methods used to train its graduates.

1930s

IN THE 1930S, THE PEDAGOGICAL PHILOSOPHY that had long anchored instruction at HMS was undergoing a significant transformation. Memorization had traditionally served as the foundation of an HMS education; a 1929 *Bulletin* article described how students on hospital wards were required to memorize and regurgitate their patients' histories and test results so as to gain a basis of clinical experience that, supplemented by reading, would eventually become “that practical, working knowledge of medicine that enables the physician to become a good diagnostician and a wise therapeutist.”

Yet inside HMS classrooms, a new approach was taking hold. The period leading up to the 1930s had witnessed the institution of a new exam system after a review committee's analysis had revealed the inadequacy of most of the memory tests to which the students had previously been subjected. The faculty had adopted a fresh approach to evaluating students, as a *Bulletin* progress report on the School made clear: “Correlation became the keynote. Since then, such broad questions as ‘Discuss milk,’ ‘Discuss jaundice,’ or ‘Discuss the functions of the blood’ aim to test the student's ability to arrange his knowledge in an orderly fashion and to correlate normal structure and function with the causes, mechanisms, and symptoms of disease.”

This trend toward a less didactic, more practical approach to medical education accelerated in the 1930s. By 1932, HMS students were taking voluntary anatomy courses in which they created their own plasticine models of brains. By 1935, they were attending controversial new lectures on human sexuality and birth control, topics about which “in the past it had been felt by the authorities that it was best to give instruction as unobtrusively as possible.” Students who voiced religious objections to the subject matter were excused.

By the middle of the decade, so pervasive was the air of change about HMS that one alumnus felt compelled to reassure grumbling fellow graduates that, notwithstanding rumors to the contrary, research had not eclipsed the School's traditional primary mission: “An idea seems to prevail among certain alumni, who have not visited the teaching clinics for years, that students there are taught by full-time men a whole lot of research ‘bolony’ and but little of the care of the patient. A visit would prove that this is not so.”

1940s

WORLD WAR II COMPLETELY TRANSFORMED the character of life at HMS, even as the administration strove to maintain a sense of normalcy on campus. Wartime conditions led to acute difficulty in obtaining instructors, so a number of retired faculty members returned to the School's classrooms to help ease the

PHOTOS: HARVARD MEDICAL LIBRARY IN THE FRANCIS A. COUNTWAY LIBRARY OF MEDICINE (CUSHING); SURGERY AND STUDENT WITH ...

FIRST LADIES: The dozen women who entered HMS in 1945 shattered a gender barrier that had lasted more than a century and a half.

crisis. But one dean worried about the dangers of a reduced national doctor force functioning "with considerably less than a third of its normal complement of young men who are able to do emergency work, to attend to night calls without undue fatigue, and to carry out the most recent technical procedures, which old hands find so difficult to master."

The war effort also raised unsettling questions about admissions. World War I had produced a shortage of suitable male candidates, leading to a 1917 scheme to award Radcliffe degrees to women trained at HMS; this idea, Reginald Fitz '09 noted, had quickly "exploded rather like a toy balloon." Yet, he warned, in 1943 "we are in the midst of another war and facing the prospect of a diminishing supply of acceptable male students. Without doubt the question of accepting women students will arise again." The next year the president and fellows of Harvard College voted to allow women to be admitted to HMS, a decision the *Bulletin* characterized as "drastic and precedent shattering."

Meanwhile, the war was transforming the ways in which medicine was being taught and researched in HMS classrooms and laboratories. A 1941 *Bulletin* article analyzed the impact of Pearl Harbor on the national psyche and boldly predicted that World War II would advance the young field of psychiatry in the same way that World War I had led to major breakthroughs in surgery: "No longer will psychiatry be viewed as a luxurious specialty."

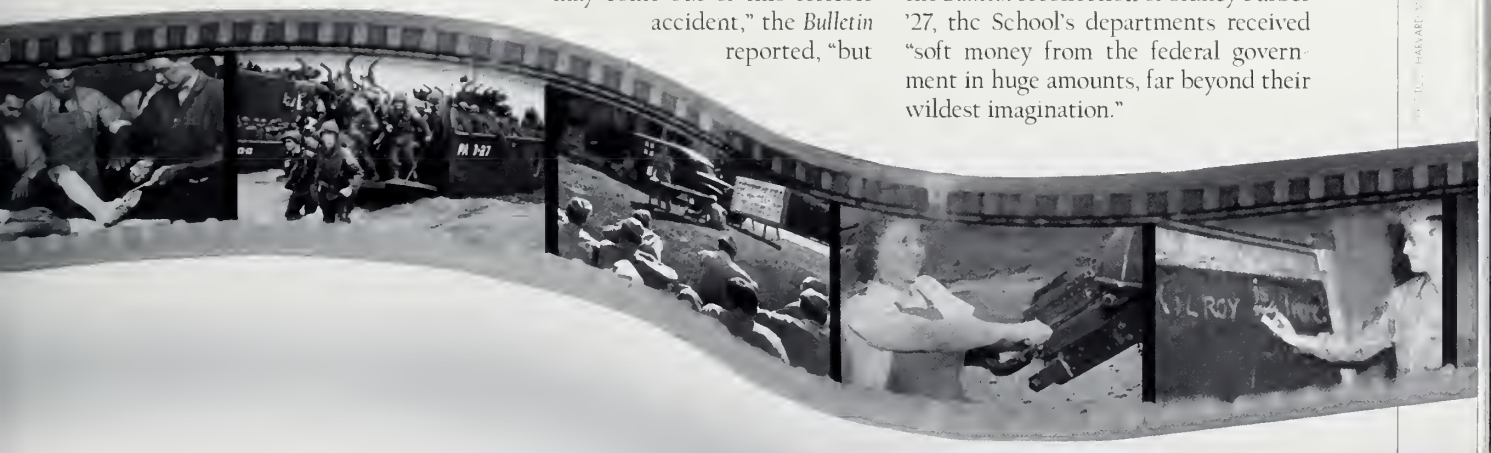
Sometimes the knowledge gained from civilian disasters on the home front translated serendipitously into military application. When a fierce fire at the Cocoanut Grove, a popular Boston night club, claimed nearly 500 lives in 1942, the School immediately released many students to work at area hospitals.

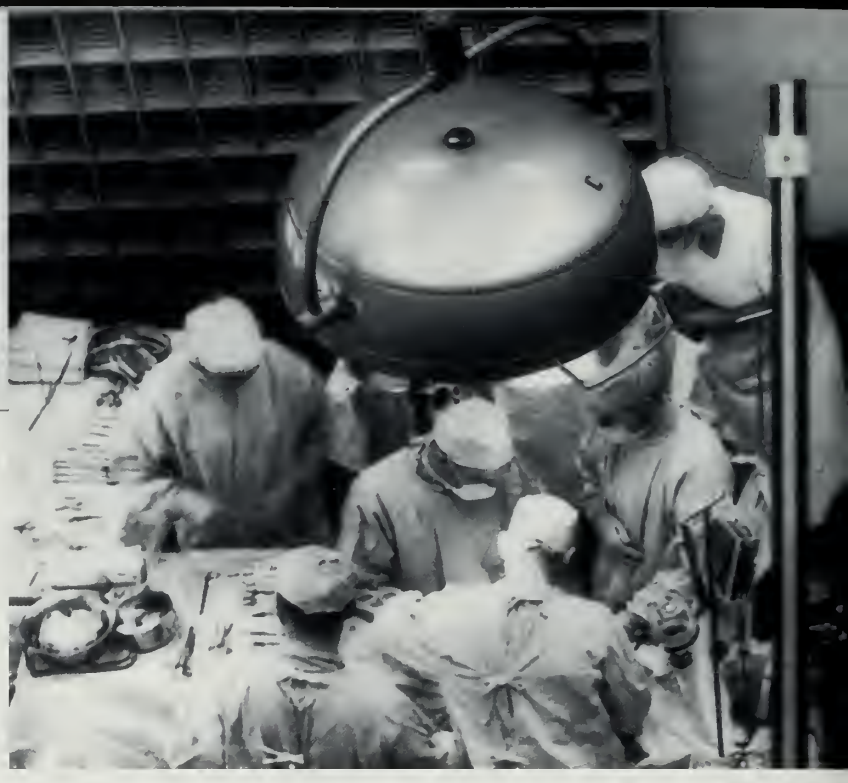
"One cannot estimate yet what good may come out of this terrible accident," the *Bulletin* reported, "but great interest was aroused in Boston in the discussion of methods of treatment of burns. Opportunity was given for important research both in this line and in the effect of noxious gases."

Yet most of the medical breakthroughs generated during the war resulted from secret studies carried out by HMS faculty under contract with the federal Office of Scientific Research and Development. In a 1946 article entitled "Now It Can Be Told," the *Bulletin* touted the accomplishments of HMS investigators exploring such topics as: "the mode of action of mustard gas in the eye"; "the effect on military personnel of chronic exposure to loud sounds"; "the relation of electroencephalographic patterns to personality characteristics in candidates for flying training"; and "the development of artificial limbs superior to those in current use."

1950s

IF HMS DURING THE WORLD WAR II ERA reflected the anxiety, pride, and mournfulness of a nation at war, the 1950s were replete with nostalgia for the prewar past and robust optimism about the future. After World War II, according to the *Bulletin* recollection of Sidney Farber '27, the School's departments received "soft money from the federal government in huge amounts, far beyond their wildest imagination."





ON THE CUTTING EDGE: HMS graduates have played pioneering roles in medicine and surgery for more than three centuries. In 1954, Joseph Murray '43B performed the world's first human kidney transplant (pictured here).

One *Bulletin* contributor lamented the primacy that research seemed to have wrested from clinical activities: "It is trite to repeat at this date that research won the war. The impact of all this flood of money and abrupt change of direction has been tremendous. Our medical schools and hospitals have gone overboard for Research. It is the magic name, the 'Open Sesame,' to success in 1954."

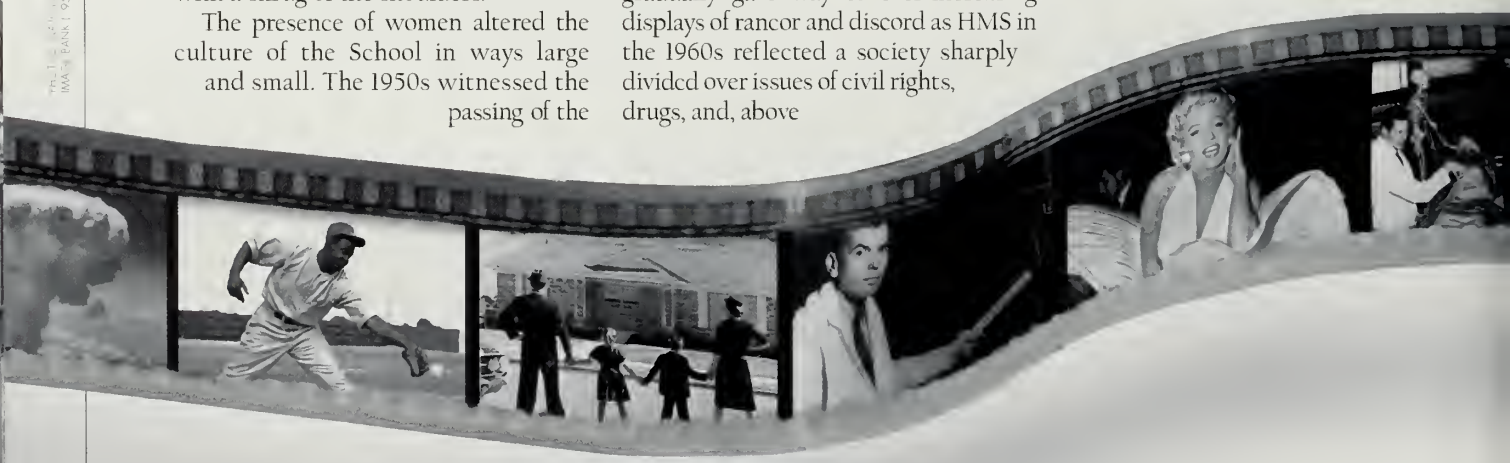
The content of the HMS curriculum underwent substantial revisions in response to the advances in medical knowledge that wartime research had spurred. At the same time, the School was coming to grips with changes in America's social landscape. World War II had led to the greater integration and visibility of women in American society. By mid-decade, one of the first women to enter HMS reported in the *Bulletin* that "women graduates of Harvard are doing well in their respective fields. Those of us who are now in school feel that we are gradually becoming integrated and that the tendency is to accept our presence as routine." By 1958, a letter to the *Bulletin*'s editor noted that the announcement that female students would soon be permitted to live in Vanderbilt Hall was greeted "in general with a shrug of the shoulders."

The presence of women altered the culture of the School in ways large and small. The 1950s witnessed the passing of the annual First-Year, Fourth-Year Riot, a long-standing tradition "directly related to the Aesculapian Club Show, and indirectly related to springtime, the end of senior exams, high blood-alcohol levels, and, some say, chronically blocked hormone utilization." By the decade's end, the *Bulletin* reported, the vandalism previously tolerated as "boys will be boys" hijinks had reached a point where a crackdown became necessary: "The Aesculapian Club Show was cleaned of its more objectionable jokes. There was no riot. Women attended."

1960s

THE BREEZY AND GENIAL TONE OF THE 1950S gradually gave way to ever-increasing displays of rancor and discord as HMS in the 1960s reflected a society sharply divided over issues of civil rights, drugs, and, above all, the war in Vietnam. The spirit of contentiousness spilled over into discussions of changes to the HMS curriculum. A heated debate flared over whether a research focus was inappropriately displacing a curriculum centered on patient care. Responding to the chorus of those who believed that "such emphasis on science will destroy the humanitarian principles of medicine," one alumnus defended the symbiotic relationship of bench and bedside, writing in the *Bulletin* that "sympathy cannot overcome ignorance any more than science can wipe away the grief of a bereaved parent."

But the allure of science exerted an ever stronger pull on the imaginations of many inside the School. A 1962 *Bulletin* article described the demand for new and better ways of managing



"IT IS TRITE TO REPEAT at this date that research won the war. Our medical schools and hospitals have gone overboard for Research. It is the magic name, the 'Open Sesame,' to success in 1954."

the enormous, constantly evolving mass of medical knowledge. Noting the irritation often displayed by members of the HMS community inquiring whether it was true that the new Countway Library of Medicine was to be equipped with the usual periodical racks and bookshelves rather than computers, the article observed, "The frustrations that arise out of the literature explosion seem to generate in the minds of some individuals an impatience with libraries for not providing automatic machines to store scientific information and to retrieve on demand unspecified, but presumably tailor made answers. For a while yet, the Countway will be a library of books and journals, but who knows what manner of push button library may someday deliver within its walls undreamed-of information services?"

Despite the enthusiasm over gains made by science and technology in this era, inside HMS classrooms, some students worried that a crucial humanitarian component was missing. One member of the Class of 1967 summarized the "vast disappointment" of many of his peers in harsh terms: "The portraits of those stern and determined Harvard greats had promised a legacy that was beginning to look about as substantive as oil on canvas. Most of our lectures seemed to be lacking in basic moral fiber, let alone towering moral stature."

The School's administrators conceded that reforms were in order. As early as 1962, HMS Dean George Berry wrote of the need to create "greater learning opportunities, a greater chance to ask questions, and a greater freedom to pursue them." Defending these changes, Berry explained: "Basically, we are dealing with the difference between education and training. The best synonym for education is growth. Training, on the other hand, is something that one can do to seals, to dogs, and—alas!—to medical students. Training is the acquisition of factual knowledge and techniques. As these increase, training demands encyclopedic memorization, a requirement that can blot out education."

For the first time in the School's history, students took curriculum reform directly upon themselves. In 1963, about two dozen second-year students proposed an educational experiment, accepted by the dean and faculty, that involved replacing lectures with guided readings, independent studies, small group discussions, and streamlined laboratory work. To foster habits of independent thinking and scholarship, a faculty committee eventually recommended reducing the amount of factual memorization pressed on students by introducing a coordinated interdepartmental core curriculum.

HMS admissions profiles also were changing in the turbulent 1960s in response to the civil rights movement. Within three days of the assassination of Martin Luther King, Jr., two junior faculty members and one student began organizing colleagues to discuss ways to increase educational and job opportunities for minorities. When an ad hoc committee proposed setting aside 15 places for black students, some faculty objected to what they regarded as a quota. In the end, the School established 15 scholarships for "disadvantaged" students and, to appease critics, at the same time increased class size from 125 to 140, so there would be no reduction in the number of spots available for "traditional" applicants.

Affirmative action was only one of many controversies that sharply divided the HMS community during the 1960s. Yet no issue proved so polarizing to the educational environment of the School, as it did in the nation at large, as the American military intervention in Indochina. From 1966 on, the *Bulletin* contained

"THE PHOTOGRAPH of Dean Ebert and others participating in a peace demonstration in downtown Boston is the most disgusting, disturbing, and disappointing event that has ever been depicted in the *Bulletin.*"

numerous exchanges in letters to the editor that grew increasingly acrimonious as the conflict—and opinions on campus—continued to heat up.

1970s

PERHAPS MORE THAN ANY OTHER DECADE, including the World War II era, the 1970s witnessed a direct and powerful connection between the zeitgeist of the outside world and changes taking place in the HMS curriculum and classrooms. Alumni, faculty, and students began taking on more activist roles in what many of them viewed as a struggle for social justice. The dialogue on civil rights in the nation at large turned inward, as the School focused increasingly on issues of minority student admissions and status at HMS. And a generation gap evident in responses to the Vietnam War emerged in ever harsher relief, as older alumni and recent graduates angrily clashed in their assessments of what—and whom—HMS should represent.

A 1970 *Bulletin* photo spread on HMS peace demonstrations, including a shot of Dean Robert Ebert carrying an anti-war protest sign in downtown Boston, triggered an avalanche of responses from alumni. One 1923 graduate railed that the photograph represented "the most disgusting, disturbing, and disappointing event that has ever been depicted in the *Bulletin.* Is it any wonder that immature students protest, violate the law, and participate in campus riots with such an example set for them by the Dean?"

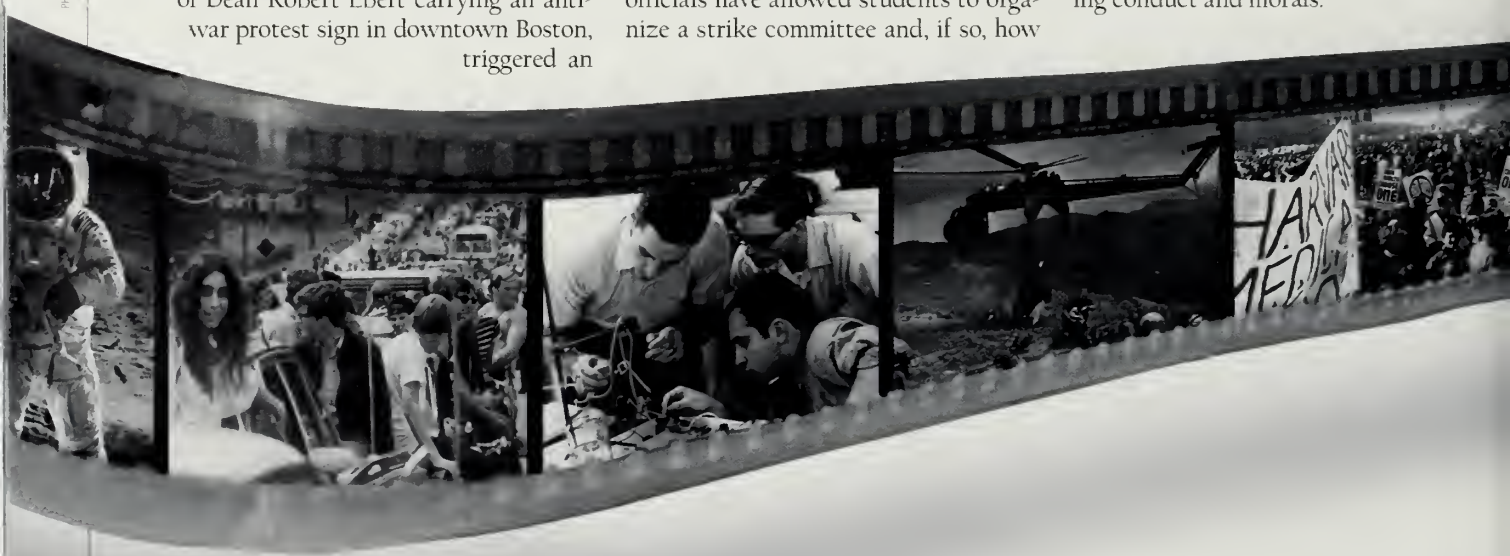
Other, equally furious letters, both of attack and support, poured in. One older alumnus complained, "I think many of us have perhaps felt somewhat resentful of the tacit assumption by some of our younger colleagues that we are all in favor of killing, that we characteristically deliver poor medical care, and that we are unconcerned."

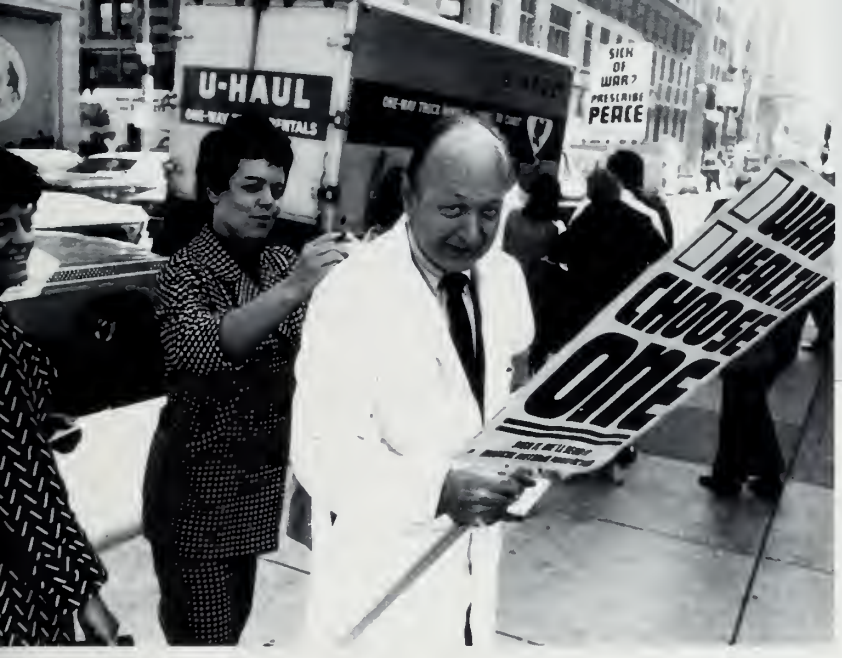
At one graduation ceremony of the era, a peace banner hung suspended behind the platform as the class president read a statement expressing "concern over the current American political, social, and environmental crises." A 1932 graduate wrote in response: "I am sure that I would not have been able to endure the stench of the oral flatus being emitted on the platform."

Another alumnus characterized the speaker as a "highly excitable youngster" and asked, "Is it true that HMS officials have allowed students to organize a strike committee and, if so, how does it happen that they have time to attend meetings of such lawless criminals as the Black Panthers and other so-called dissident groups who do not choose to obey the laws of our country?"

The clash of attitudes between alumni and students took on an even more scathing tone as the decade wore on. The *Bulletin* published one alumnus's recollection of providing medical care to young people at Woodstock. That event, he predicted, would likely be remembered as "a huge pleasant nothing" attended by a crowd whose legacy, thanks to its "irresponsible, 'free-loader' attitude," was "an immense mountain of papers, bottles, cans, clothing, excreta, and every conceivable type of refuse that, as usual, mama or papa would clean up or pay somebody else to do."

That writer's disillusionment was shared by some other alumni, one of whom declared: "I am appalled by present Harvard students who appear on the wards with filthy, disreputable clothes, dirty fingernails and hands, and hairy bodies, purporting to be physicians. Most patients cringe and I personally wouldn't let them touch me with a ten-foot pole. Their unspeakable hygiene is only outdone by their degrading conduct and morals."





PEACE OF MIND: HMS Dean Rabert Ebert's participatian in a dawntawn Bastan anti-war demanstratian sparked cantraversy amang alumni during the Vietnam era.

A follow-up plea from a 1979 graduate asked: "Recent *Bulletin* letters by some alumni about Harvard medical students have been unfair and highly intolerant. Current residents of Vanderbilt Hall, for example, have been likened to infectious agents. Isn't it time to end the acrimony of the late 1960s and set aside divisive rhetoric?"

Yet the divide did not heal. The disenchantment experienced by many HMS students of the 1970s frequently translated into angry expression at graduation and, just as often, outraged backlashes against the speakers found their way into print in the *Bulletin*.

The 1974 commencement featured a talk entitled "The Unmaking of a Doctor," in which the speaker condemned aspects of the education he had received: "One of the best things I learned at Harvard is that common things occur commonly, but, unfortunately, Harvard does not teach common things. We are the best trained physicians in the world to treat cholera—knowledge useless here in the USA. But do we know much about alcoholism, drug addiction, depression, or sexual dysfunctions? We all learned the theoretical importance of the fava bean, but what about the epidemiology of tuberculosis in the Boston ghettoes, the unique medical concerns of gay people, or all the intricacies of obtaining abortions?

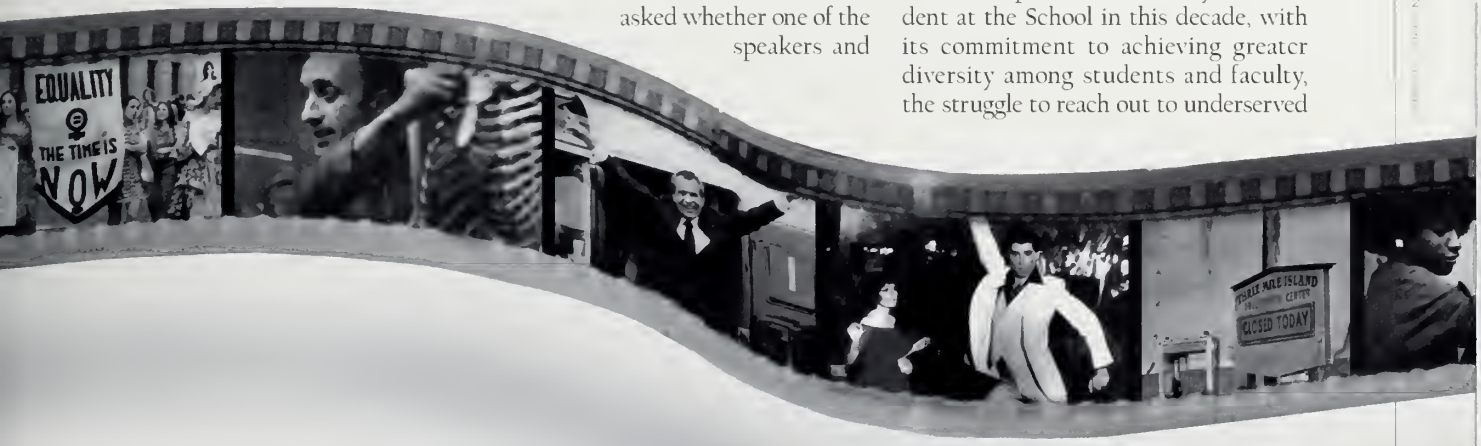
"I am angry," the speaker went on to conclude, "that Harvard, complacent behind its mystique, made learning to become a doctor such an unnecessarily hard task, while having the audacity to claim that it was making us leaders of medicine. A friend of mine was reflecting on one rotation in medicine but his phrase applies equally to all four years: 'Let us not forget how truly bad it was.'"

A 1934 graduate expressed his distaste for the contents of two speeches of the era in a letter in which he asked whether one of the speakers and her classmates "expect that the Alma Mater (like the multi-breasted Hindu goddess of fertility) would have a special teat, gushing psychotherapeutic milk for each of them? These two valedictions exemplify the attitude that the practice of medicine conflicts with rather than provides a source of personal fulfillment."

1980s

IN THE 1980S, THE EDUCATIONAL ENVIRONment reflected a society and School in which many of the changes so passionately agitated for in the preceding decade had taken root. The resolution of the polarizing generational conflict of the previous decade was evidenced in part by the renewed popularity of an extensively renovated Vanderbilt Hall in 1980. This once proud landmark had steadily deteriorated through decades of neglect into a shabby and, as one HMS dean described it, "dispiritedly unoccupied" dormitory. The overhaul of the physical plant was funded by alumni concerned about the erosion of Vanderbilt Hall as a social nucleus, a loss of collegiality that had accelerated in the 1960s.

A new spirit of community was evident at the School in this decade, with its commitment to achieving greater diversity among students and faculty, the struggle to reach out to underserved



THE WHOLE WORLD IN THEIR HANDS: New technologies have helped revolutionize education at HMS. In 1996, students used "palmtops," precursors to the Palm Pilots that today's students use.

populations, and, above all, a sweeping reform of the HMS curriculum. The fundamental shift in pedagogical philosophy was inspired, in part, by increasingly vocal student disenchantment with the curriculum, a trend that the *Bulletin* had been documenting for some time.

Indeed, at the beginning of the 1980s, not long before the curriculum overhaul took place, the *Bulletin* published the withering recollection of one member of the Class of 1967 who wrote that in his day at HMS, "the primary function of the medical school had been to make inroads in research. Students felt the pressure from this, which was about as subtle as a sledgehammer. The attitude then was that you'd learn what you needed to later, in practice. We felt cheated."

Some 20 years later, a member of the Class of 1986 recorded strikingly similar misgivings: "As I sat in amphitheatres with my classmates and ghosts of alumni, trying desperately 'to learn,' I pondered how the material presented related to practicing medicine. Was memorizing tables and biochemical pathways crucial to my success in medicine? Where were the patients? I was not alone; the entire class seemed to lack perspective on how our daily studies were important to our ultimate patient responsibilities. This gap in my understanding remained until I was a third-year student confronted by clinical problems on the ward."

To address this and other perceived shortcomings, HMS created the New Pathway, an innovative approach to training doctors. Charged by the dean to "think, from the ground up, about the essential ingredients of medical education," faculty and administrative planners spent two years crafting the program, which debuted in 1985.

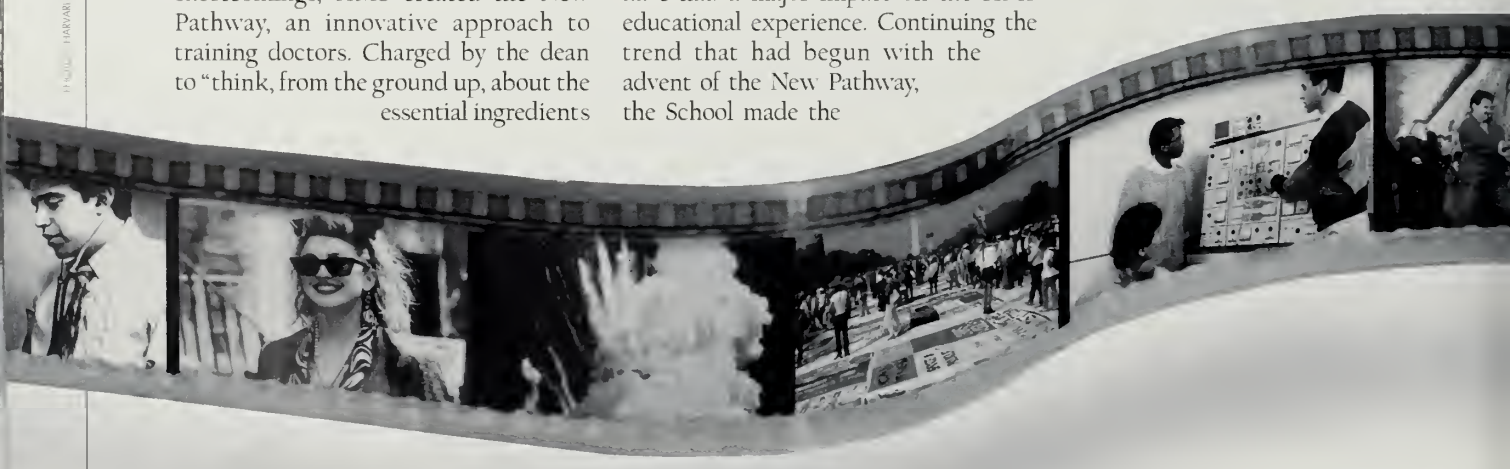
"The New Pathway curriculum," the *Bulletin* explained to alumni, "will be a continuum, interweaving the clinical and basic sciences, humanities, and social sciences bearing on medicine." Collaboration, active learning, questioning, problem solving, and critical thinking were the new goals. Most crucially, students now had contact with patients from the very outset. Computer technology would also receive heavy new emphasis in this fresh approach to educating doctors.

1990s TO PRESENT

THE LAST AND CURRENT DECADES HAVE witnessed several developments that have had a major impact on the HMS educational experience. Continuing the trend that had begun with the advent of the New Pathway, the School made the technologies of the information revolution an integral part of the curriculum, putting course materials online and equipping all students with Palm Pilots. The School also made a commitment to enhance learning with the creation of the Academy, a body dedicated to training and rewarding outstanding teachers.

Recent years have also powerfully reflected a flowering of long-term efforts to make the HMS community more accurately reflect American society. As the 1990s progressed, so, too, did the transformative effects of the School's determined commitment to diversity, in the words of Dean Joseph Martin, "not as a question of fairness, but as a question of quality."

In 1990, the School launched a program designed to bring greater diversity to the upper rungs of the ladder of academic medicine. By mid-decade, women outnumbered men in an entering class at HMS for the first time, and students had established a research program



THE SCHOOL MADE the technologies of the information revolution an integral part of the curriculum, putting course materials online and equipping all students with Palm Pilots.

designed to attract Native Americans to medicine. By the decade's end, the dean had hosted a town meeting to address the issue of homophobia, which he described as "the last socially permissible bastion of prejudice." And the proportion of students from underrepresented groups entering HMS better reflected their percentages in society as a whole.

Yet despite gains, controversy over race-related issues continued to arise on occasion, most notably in the so-called Halloween incident of 1992, in which two white second-year HMS students costumed as Clarence Thomas and Anita Hill, with blackface makeup, had a scuffle with an African American first-year student at the annual Halloween party in Vanderbilt Hall.

Well into the 1990s, in fact, a few dissenting voices, including that of a member of the Class of 1937, expressed discomfort with the changed face of HMS: "While attending my 60th reunion, I thought I would revisit Vanderbilt and see how things were going. It was like walking into some East Asian school—no responses to my greetings and much jabbering in foreign tongues."

The final straw for this alumnus—and the one that prompted him to delete the School from his will—was a 1995 *Bulletin* issue dedicated to the contributions of women at HMS: "The cover awakened me (very sadly) as to what was going on at the Alma Mater. I am not prejudiced against women as doctors, but the takeover of the School by affirmative action women students I cannot stand."

To prepare tomorrow's physicians for the complexities of an increasingly multicultural society and rapidly evolving technologies, HMS is currently undergoing yet another redesign of its curriculum. The revised system will emphasize a holistic approach to patient care and the ability to synthesize information across a range of disciplines.

Cultural competence—together with affinities for lifelong learning, communication, teamwork, leadership, compassion, empathy, moral reasoning, self-awareness, and personal growth—is explicitly stated as a goal of the reforms under review. According to the working mission statement for this new educational program, the School is "dedicated to the development of superbly educated physicians who will pursue careers in medicine characterized by humanism, scholarship, leadership, and discovery."

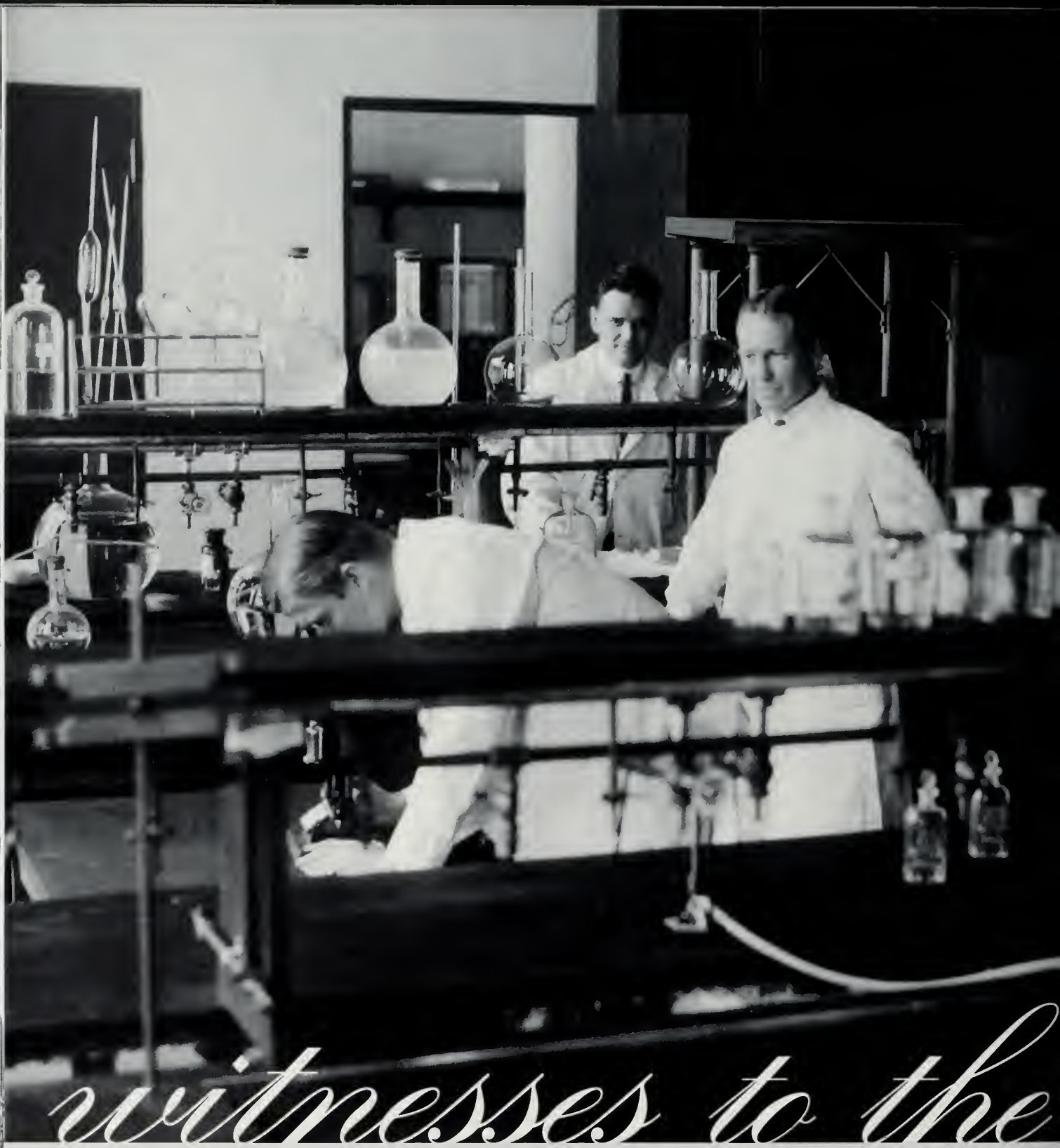
THE BEAT GOES ON

THE INFORMATION AGE READERS OF TODAY'S *Bulletin*—like their Jazz Age counterparts—inhabit a world in rapid flux. Now, as then, the shadows of global conflict encroach on a promising terrain of economic expansion and scientific discovery. Now, as then, apprehension mixes with optimism as new technologies forever change the rhythms of daily life, the practice of medicine, and the culture of the classroom.

When Elliott Cutler made his observation 75 years ago that medical education "runs in cycles, now long, now short," he could not have foreseen the spectacular advances that lay on the horizon; in-vitro fertilization, long-distance robotic surgery, and the decoding of the human genome would probably have sounded like the stuff of science fiction in his era, just as tomorrow's breakthroughs may one day seem to today's physicians.

Yet for all the profound changes that social forces and world events have wrought at the School—some painful, many for the better—the educational mission of contemporary HMS remains predicated on values with which Cutler's generation could have identified. The most radical difference between past and present is perhaps the tremendous diversity that arose, at least in part, from the School's legacy of compassion, dignity, and thoughtful inquiry—values that are now transmitted to a far more richly inclusive audience than anyone might have dreamed possible in 1927. ■

Beverly Ballaro is associate editor of the Harvard Medical Alumni Bulletin.



witnesses to the

Harvard alumni reflect on the births of modern medicine and surgery

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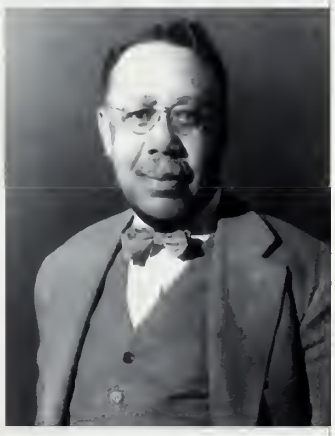


IN 1927, THE YEAR THE *HARVARD MEDICAL* *Alumni Bulletin* debuted, a lanky instructor from Harvard Medical School slid into a sealed tin chamber, to which he had attached blowers from two household vacuum cleaners. The instructor, Philip Drinker, had found that he could ventilate paralyzed cats by placing them inside a chamber whose pressure he could raise and lower by pumping a handheld syringe. His own trial with the man-sized pressure chamber also proved successful; it forced so much air into him that he hyperventilated. The Iron Lung, as his

TRAILBLAZERS: From top right: Philip Drinker, William Hintan '12, and Herrman Blumgart '21. Oppasite page: Francis Peabody '07 (secand fram right) launched the highly praductive Tharndike Memarial Labaratary at Bastan City Haspital several years befare his death in 1927 at the age af 45.

LUTION

respirator came to be known, eventually saved the lives of thousands of polio victims.

That year saw other notable advances at Harvard Medical School. William Hinton '12, then an instructor and later the first African American to become a full professor at HMS, developed a state-of-the-art test for syphilis, a disease that had brought disfigurement, dementia, and death to untold millions over the centuries. And Herrman Blumgart '21, also an instructor at HMS, helped usher in the age of nuclear medicine by using radioactive tracers to diagnose heart disease.

The fledgling *Bulletin* did not record those advances and, indeed, for the past 75 years, it has seemed to take in stride the unfolding drama of medical research both at HMS and throughout the world. So we asked two alumni—a cardiologist who lived through the golden age of medicine and a surgeon who began medical school the very year the *Bulletin* was launched—to recall some of their earliest experiences in witnessing the births of modern medicine and surgery.

BRIGHTNESS HAS FALLEN

by Oglesby Paul

IN 1940, I WAS A MEDICAL STUDENT MAKING ROUNDS ON THE WARDS OF Boston City Hospital when we came to the bed of a red-headed, freckled, and pale Irish lad. His neck had an obvious venous pulse and his chest was heaving. He was cheerful, despite signs of serious illness, and our instructor told us to listen to his chest for the loud murmur of mitral regurgitation. After we had done so and walked away, we were quietly told that this young man,

WARD STORIES: Benedict F. Massell '31 attends ta a yaung patient at Bastan's House af the Gaad Samaritan, ane af a number af haspitals devated to rheumatic fever and rheumatic heart disease in the 1940s, when authar Oglesby Paul '42 undertaak his medical internship.

barely 18 years old, was suffering from rheumatic heart disease, now complicated by an infection of the mitral valve—bacterial endocarditis—and nothing could be done for him. Nothing could be done! Despite a good hospital, fine doctors, and a definite diagnosis, this pleasant young man faced the same prognosis as an elderly man with terminal cancer.

This was an era in which rheumatic fever and rheumatic heart disease were so common that entire hospitals—such as the House of the Good Samaritan in Boston, Irvington House in New York, and La Rabida Sanitarium in Chicago—were devoted exclusively to that condition. In 1931, Alvin Coburn had reported how rheumatic fever followed infection with the hemolytic streptococcus. The 1940s saw the rise of preventive programs using sulfa drugs. Still later came the successful treatment of the streptococcal infection itself with antibiotics. And later yet, these same agents were often used successfully in treating bacterial endocarditis. Rheumatic fever and its complications are now rare in the United States. But the young Irish patient's rheumatic and bacterial illness occurred before any of those cures were possible. This was a grim eye-opener for a medical student—a lesson in the need for patience and hope for the future.

The Old Man's Friend

THE GREAT SIR WILLIAM OSLER, BORROWING a phrase from John Bunyan, spoke of lobar pneumonia as the "captain of the men of death." In 1897, Osler wrote: "No other disease fells from one-fourth to one-third of all persons affected" and "so fatal is it, that to die of pneumonia in this country is said to be the natural end of elderly people."

In the early part of my career, I cared for a number of patients ill with the "captain of the men of death" but in an era in which lobar pneumonia was no longer as common or as lethal as in Osler's day. My first case was a middle-aged physician, who was gravely ill in the Baker Memorial Unit of Massachusetts General Hospital. We had no antibiotics to offer, and we tried everything in our arsenal: sulfa drugs; type-specific antiserum; oxygen; expectorants; hot packs. Yet the poor lady still succumbed to her illness.

And in the winter following the end of World War II, while at Chelsea Naval Hospital, I oversaw an acute medical ward with a number of such cases. It was Christmastime and many young enlisted patients who were not seriously ill were permitted to travel home for a holiday respite. As a result of the war, train service was irregular and the equipment poor. Many of the men returned from the southern states in railroad cars that were poorly heated and drafty. The men arrived back at Chelsea sick with respiratory infections, and about a dozen of them quickly progressed to lobar pneumonia.

Perhaps because of basic good health, all survived, though some developed infected pleural effusions that required surgical drainage. A major factor in their recovery was the availability of the new drug penicillin, which was given intramuscularly. Penicillin was still scarce, and the doses administered would now appear grossly inadequate. Ten thousand units seemed like a heroic amount; it was only later that we learned to give much more if the patient was to reap adequate benefit—another lesson in patience.

In Hindsight

IN 1942, WHEN I WAS AN INTERN IN medicine, we admitted a stocky, 40-ish man with an acute myocardial infarction. At that time, physicians tended to view myocardial infarctions as unfortunate acts of God, ignoring family history, the presence of high blood pressure, serum lipid levels, and any history of cigarette use. We had no coronary care unit, no thrombolysis, no platelet-modifying drugs, no cardiac catheterization, no coronary angioplasty or stenting, and no thought of surgery for such a condition. Patients who survived the initial insult were kept on strict bed rest for at least three weeks.

ONE HAS TO WONDER: has the tender loving care that we provided improved, or has it worsened? I strongly suspect the latter. —OGLESBY PAUL '42

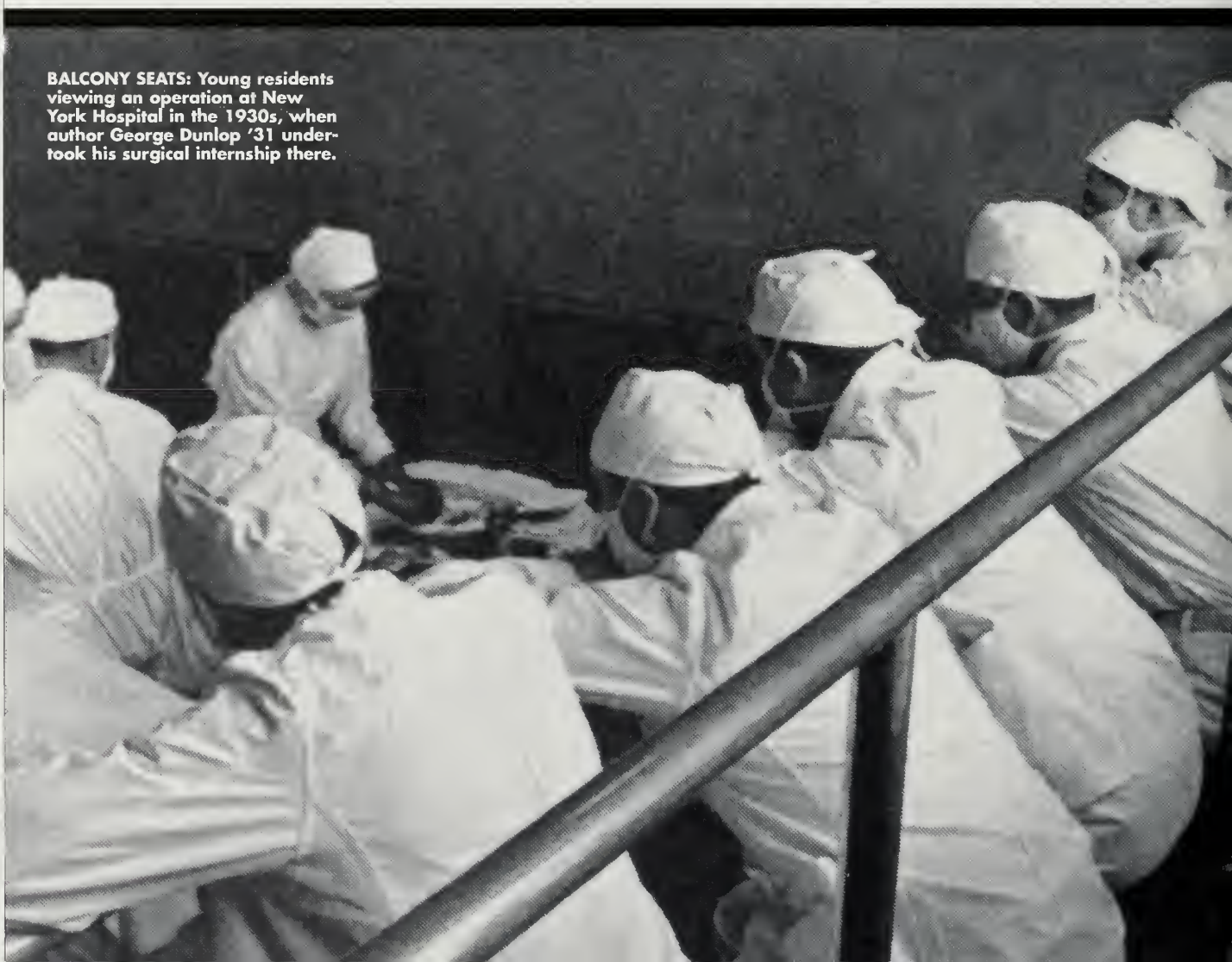
This patient got into trouble on his second day of hospitalization when he needed to have a bowel movement and was given a bedpan. In retrospect, this was a stupid thing to have done, as the poor patient, already weakened by an acute heart muscle insult, had to defecate while maintaining a precarious balance on a hard metal surface. Perched on the bedpan, he suddenly had a cardiac arrest and died. I do not recall that we tried any cardiopulmonary resuscitation, as the current technique was not described for another 20 years, and there was no electrical cardioversion. I do not doubt that we attempted some futile maneuver, but the major advances that could have saved his life were years away.

Pocket Cures

ALTHOUGH I DEVOTED MY CAREER TO cardiology, my early experiences in medicine briefly involved gastroenterology. The commonest condition that I observed as a student was duodenal ulcer. I remember how one of my classmates who had developed such an ulcer used to creep quietly out of rounds at Massachusetts General Hospital, hurry down to the cafeteria, gulp down a glass of milk, and then rush back to rejoin us. Our teacher was usually so absorbed in the discussion that he didn't realize the student was missing.

I next saw duodenal ulcer as a major health issue when I was assigned to a Chelsea Naval Hospital ward that was full of young sailors, 90 percent of whom were there because of duodenal ulcers. Treatment consisted of antacids, bland diet, rest, and time. We never considered the possibility of an infectious agent, and if it had been proposed at the time, we would have surely labeled it as rubbish.

When I moved to Chicago in 1948, I soon realized that the city was a breeding ground for ulcers, and many a gastroenterologist earned his living



BALCONY SEATS: Young residents viewing an operation at New York Hospital in the 1930s, when author George Dunlop '31 undertook his surgical internship there.

PHOTO COURTESY OF NEW YORK WEILL CORNELL MEDICAL CENTER ARCHIVES

by caring for patients with this condition. My first office was in the People's Gas Company building, a most appropriate name given the nature of the specialists housed therein. I recall how, on his rounds, Bertram Sippy of Sippy Powder fame would sometimes encounter a patient complaining of constipation produced by his antacid powders. At that, Dr. Sippy would produce from his pocket a bar of soap and cut off a suitably sized suppository, which he gave to the patient. There was a saying in Chicago at the time that Dr. Sippy not only gave "hope for every soul, but soap for every hole."

The Price of Progress

MEDICAL SCIENCE HAS SINCE IMPROVED THE treatments and outlooks for the four conditions with which I'd had so much experience: bacterial endocarditis, lobar pneumonia, myocardial infarction, and duodenal ulcer. The prevalence of some underlying diseases, such as rheumatic fever, has been drastically reduced in the Western world, and deaths from coronary heart disease and lobar pneumonia have declined. The duration of hospitalization for these and most other illnesses has been markedly shortened. Yet one has to wonder: has the tender loving care that we provided also improved, or has it worsened? I strongly suspect the latter.

Scientific breakthroughs have transformed the culture of medical schools and teaching hospitals, but the contemporary emphasis on technology has come with a penalty. The humanistic aspect of medicine, the centrality of the patient as a human being, has been sacrificed. The old norm of the physician as an understanding and communicative figure who had the time to get to know patients' family circumstances and financial situations is largely a phenomenon of the past. Patients were then, as they are now, deeply appreciative of the concerned rapport that good doctors developed with them. Yet the very technological advances that have improved care have also made for increasingly depersonalized relationships between physicians and patients.

Perhaps some words of a bygone golden age, uttered by the Scottish author and statesman John Buchan at my 1938 Harvard College graduation, are applicable: "Life was more interesting than can ever have been before," he said. "Men were bolder and more humorous; friendship was a rich and warmer thing; the world was a succulent oyster waiting to be opened. Brightness has fallen from the air and the twilight of the gods has descended. The few good men left from that time are now growing old, but they are determined to testify to unbelievers of the great era in which they once lived." ■

Oglesby Paul '42 is professor of medicine emeritus at Harvard Medical School.

INCISIVE MOMENTS

by George Dunlop

WHEN I BEGAN MEDICAL SCHOOL IN 1927, MOST YOUNG GRADUATES who wanted to become surgeons learned their art by apprenticing themselves to experienced surgeons, whose practice they often joined once their training was complete. Residency programs, as we now know them, hardly existed, and competition for the limited number of available spots was fierce. So when, fresh out of HMS, I moved to New York City to pursue a surgical residency, I counted myself fortunate indeed. ■ It was a monastic existence, but the other residents and I loved what we were doing. The hospital provided room, board, and uniforms. A first-year man was paid $26 a month, a second-year man, $50, and a senior resident earned the princely wage of $100. We didn't go out on very many New York binges, however; I once spent six consecutive months without setting foot outside the hospital during daylight hours. When I did get out at night, there wasn't too much trouble to get into. Prohibition was still in force, and the headlines were full of speakeasy raids and the rumrunner culture of Al Capone. One time, I managed to find someone to cover my cases so I could spend a rare afternoon in Manhattan. When I returned to the wards, my fellow residents peppered me with questions about life on the outside. I joked that women's skirts seemed to have gotten considerably shorter!

Unlike today, when so much research is carried out by those with doctorates, in the old days even young physicians had many opportunities to make their mark on the profession.

"LOOK," I TOLD HIM, "I'll give you my automobile, I'll give you my wife, but I'm not giving you my aorta!"

—GEORGE DUNLOP '31, WHEN ASKED TO RELINQUISH AN AORTA HE HAD BEEN SAVING FOR TRANSPLANTATION

While still a resident, I published a paper based on an idea that had come to me during my surgical pathology rotation. We had been learning to diagnose thyroid cancer by seeing cancer cells in small capillaries placed under a microscope. I reasoned that because we were finding them in the capillaries, these cells must exist in the circulation. I began collecting blood samples from cancer patients and, sure enough, was able to identify free-floating malignant cells.

But the most exciting medical breakthroughs I saw came in the field of vascular surgery. Although I had been trained as a general surgeon, as was the practice in those pre-specialized times, I happened to witness the birth of a new surgical field.

The Big Chill

WHEN I WAS JUST STARTING MY CAREER, our tools and techniques were primitive by today's standards. Back in the 1920s, for example, the best treatment for aneurysms consisted of threading wire from a sterile spool into the aneurysm in the hope of creating a clot. The notion of replacing an aneurysm in one human being with a blood vessel taken from another human being seemed as far from reality as space travel, but it was an idea that had always intrigued the profession. I, too, dreamed about such a breakthrough, especially after I witnessed the devastating consequences of a ruptured aneurysm.

Even though many decades have passed, I can still vividly recall seeing one patient who was brought into the hospital suffering from an aneurysm of the thoracic artery that had eroded all the way through his sternum. When it ruptured, the force was such that the blood spewed all the way across the hospital room, hitting the far wall. That incident really made an impression on me.

So, about five decades ago, when I received an invitation from the chief of surgery at St. Mary's Hospital in London to view an experimental type of vascular surgery, I jumped at the chance. The patient was a middle-aged woman who had recovered from a series of nearly 50 transient ischemic attacks. The woman's strokes were caused by arteriosclerosis in her carotid artery, and her doctors knew that it was only a matter of time before a major event would prove incapacitating or fatal.

In those days, there was no such thing as an angiogram, so the team had ascertained the presence of the blockage by listening with a stethoscope applied to the patient's neck for a distinctive whistling noise where there should have been only silence. The plan was to open up her neck and either clean out the artery or remove it. But if they were to clamp the woman's cerebral artery for more than five minutes, they would risk damaging her brain.

The St. Mary's team put together a bold strategy to buy themselves precious time. They decided to transfuse blood into the patient's artery rather than a vein, to speed up the delivery of oxygen to her brain. To overcome the problem of the tremendous pressure in the arteries, they suspended the bag of blood from the great height of the operating balcony ceiling.

Also, they knew then, from the experiences of children who had nearly drowned in frigid waters and survived unscathed, that brain cells tolerate reduced oxygen better at low temperatures. So the team anesthetized the patient, placed 24 bags of ice upon her naked body, and turned on electric fans to circulate the February chill through the opened windows of the operating room. The nurses, clad in long underwear, kept watch over the patient for two hours while the surgeons waited for the cold to take effect.

When the team finally entered the operating room, I followed, camera in hand. What I witnessed and documented with photos truly was history in the making: the first successful carotid endarterectomy ever performed, as reported in *The Lancet* in 1954. Harry Hubert Grayson Eastcott, who performed the operation, contacted me not long ago and told me that I'm the only other person alive with eyewitness knowledge of the first carotid endarterectomy.

When I returned to Worcester Memorial Hospital, I carried out many of these procedures, using a thermal blanket—which I found more effective than ice bags—to lower my patients' body temperatures. Ironically, the chief of surgery who had supervised that landmark operation in London had to undergo the procedure on his own carotid artery years later; he recovered but died of a heart attack not long after. Today, more than 250,000 of these operations are performed around the world every year.

Lessons from the Heart

IN THE 1920S, NO ONE HAD EVER attempted to transplant an artery or to use a vein as a bypass. At Worcester Memorial Hospital, surgeons eventually began to try to bypass blocked arteries using veins, which worked well

COLD FEAT: In 1954, George Dunlop photographed the world's first successful corotid endorterectomy. The surgeons ploced two dozen bogs of ice on the patient to help keep her core temperoture low enough.

enough in larger arteries but not in smaller vessels. I remember the relief I felt when a famous London surgeon, who was an expert in the field, declared, "It makes no sense to attempt vascular surgery below the groin." At that point, I stopped focusing my efforts on smaller arteries and began concentrating on the larger ones. With this in mind, I asked the pathologist at the Worcester hospitals to please save me an aorta from a cadaver if a suitable one ever became available.

Many months passed before, late one night, I received a phone call. A young man had been killed while attempting to cross a railroad track. The pathologist harvested the young man's aorta, which was sterilized with high-voltage radiation at MIT. The precious tissue was then stored in a sterile glass tube, which was packed in dry ice and shipped to the hospital for deep freeze storage. I remember that, at one point, a colleague approached me and said, "Hey George, I hear you have an aorta. Any chance I could use it?" "Look," I told him, "I'll give you my automobile, I'll give you my wife, but I'm not giving you my aorta!"

Some time later, I received word that the hospital had admitted a middle-aged schoolteacher with a leaking aortic aneurysm. After learning the details of the case, I knew that this was the moment for which I had spent two years researching, reading, and preparing. I got the patient on the operating table, opened up his abdomen, found the slowly oozing balloon, and then sent down for the aorta. You can imagine my chagrin when the nurse reported that the freezer was locked up tight and the key nowhere to be found! To make matters worse, the hospital superintendent who had the key was on vacation in Canada. We put our heads together, and finally someone thought of contacting one of the off-duty nurses in the hope that she might have a copy. We all breathed an enormous sigh of relief when she drove a key over to the hospital from her home across town.

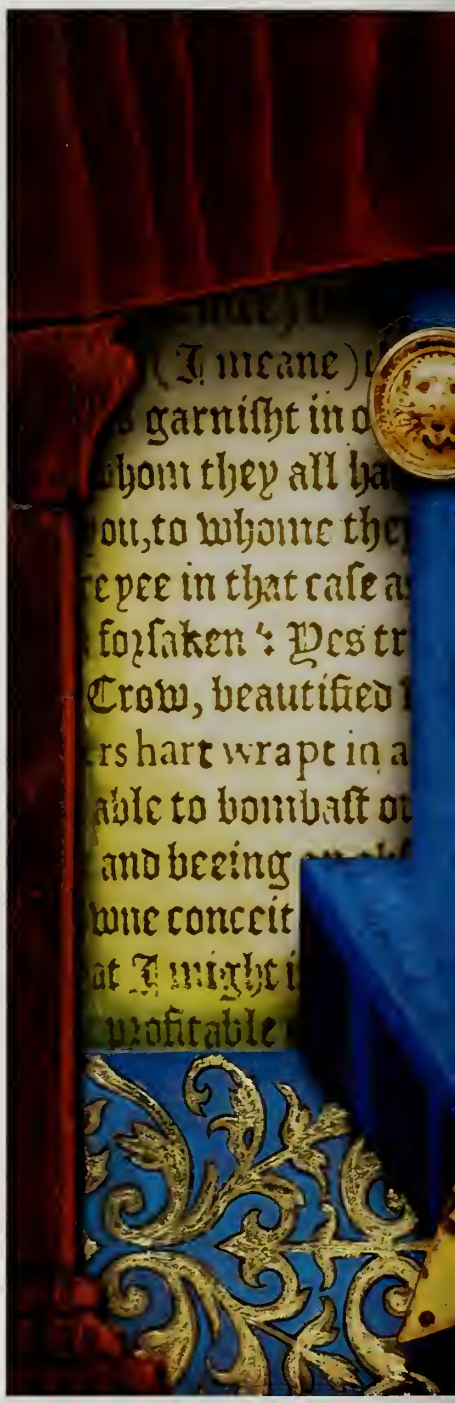
I put in the aorta and the patient recovered. The family had promised me that if the patient died, I had their permission for an autopsy. Less than two years later, he did die of a heart attack and the postmortem examination was conducted. When I examined the aorta, I was stunned to see that it was completely shaggy with arteriosclerosis; it had taken the patient's body less than two years to age tissue originally taken from a 17-year-old to a state similar to what we would expect to find in a diseased elderly man.

So we learned something new. Eventually, Dacron came into use as a synthetic substitute—after researchers literally worked the kinks out—and it continues to be used to this day. Through trial and error, persistence and patience, we gained the knowledge necessary to save many lives that in the past we would have been helpless to preserve. ■

George Dunlop '31, professor emeritus of surgery at the University of Massachusetts Memorial Hospital, practiced surgery for more than 60 years.

by Paula Byron

Harvard Medical Alumni Bulletin readers have been dispensing editorial advice for the past 75 years



"WHATEVER YOU DO, *DON'T* CALL IT A REDESIGN. The alumni will just freak!" The warning came several years ago, early in my tenure as editor of the *Bulletin.* "Use the word 'refresh,'" my predecessor advised. "Assure them that you'll only be tweaking it."

She cautioned me, too, that some alumni harbored proprietary feelings about the *Bulletin.* After all, they had been reading it—and writing much of it—for decades. She mentioned one alumnus in particular, a pioneer in surgery, a brilliant mentor, and an object of terror for generations of medical students. Sure enough, it wasn't long before Francis Moore '39 called to check on the new editor. When I slipped into the conversation my thoughts about a redesign, he didn't speak for a full minute. "Young lady," he finally intoned, "you must treat the *Bulletin* reverently. The *Bulletin*"—here he paused for emphasis—"is like Shakespeare and the Bible."

LIKE SHAKESPE

ARE & THE BIBLE

It was then that I understood: this was no ordinary alumni magazine. Suddenly I felt the indecision of Hamlet, the hesitation of Abraham. With Dr. Moore's injunction still ringing in my ears, I studied the *Bulletin's* pages again. The magazine hadn't changed in nearly a decade, and even then the alterations had been modest. The pages were often gray, the images sometimes static. And yet the prose was compelling. A second color would certainly brighten the pages; a more dramatic design would render the text more inviting.

With some trepidation, I uttered the word "redesign" at an Alumni Council meeting. When no one flinched, the editor-in-chief and I exchanged a glance. Emboldened, we launched a new design in the summer of 1999. For the first time in the seven decades of its existence, the magazine gained a second color on its interior pages. A silhouette of Elvis in full gyration illustrated musical preferences in the operating room. A series of increasingly muscle-bound G.I. Joe action figures revealed the dangerous evolution of male body ideals. An astronaut floated, untethered, across a magazine spread.

The phone rang, and the verdict was in. "I like it," Dr. Moore growled. "But don't let your designer go crazy."

AS YOU LIKE IT

FOR 75 YEARS NOW, THE *BULLETIN'S* READERS HAVE BEEN examining the magazine, diagnosing its ailments, and writing sometimes pungent prescriptions for its recovery. Founding editor Joseph Garland '19 had encouraged a sense of ownership among the alumni from the outset: "It is your *Bulletin*—you should have a hand in deciding what sort of bulletin it should be."

For the most part, his strategy seems to have worked, as readers have more often praised the magazine than panned it. "From cover to cover, the *Bulletin* is splendid," William Castle '21, a towering figure in the history of medicine at Harvard, declared in 1951. "It's wise, it's witty, it's *human.* I hope that all who see it will feel a deeper pride and, yes—joy—at being an alumnus of HMS."

Even those bent on criticizing the *Bulletin* found laudable elements. When asked, in 1972, to write an article for what he assumed to be a stodgy magazine, one young physician at first found his worst suspicions confirmed. "The parochialism and narrowness of vision were evident enough," he wrote. "Evident, too, was the almost pathological involution which seems all too characteristic of alumni publications."

March 1927

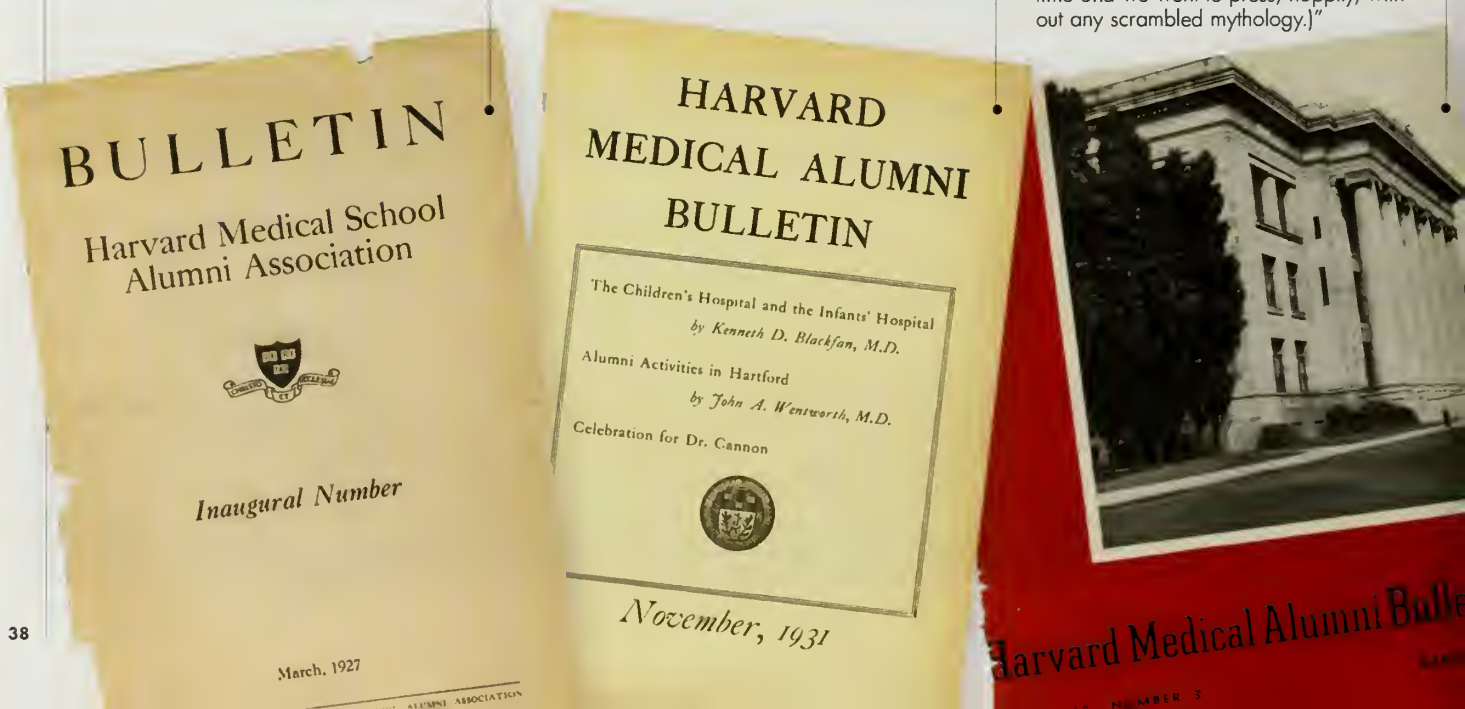
THE PAST IS PROLOGUE: The *Bulletin* debuted in the spring of 1927, to the near-universal praise of Harvard Medical School alumni. Earlier attempts to create o bulletin hod faded quickly.

November 1931

BY ANY OTHER NAME WOULD SMELL AS SWEET: In 1931, for the first time, the cover of the mogozine reflected its current name. This small, basic format was followed until the mid-1940s.

April 1944

BREVITY IS THE SOUL OF WIT: The first to use a second color on the cover, the April 1944 issue was introduced with: "After 16 yeors in the familiar black-on-white gorb, your *Bulletin* herewith sheds its skin and emerges fully clad from the head of...(Ed. Note: The metaphor wos blocked just in time ond we went to press, hoppily, without any scrambled mythology.)"



Yet once the physician "mustered the courage to get past the cover," he found "not only a spirited exchange on the war in Vietnam, but a very nearly militant attack on fee-for-service medicine. Another issue included a sensitive piece on emergency medical care in East Pakistan—albeit sandwiched between Libritabs and Valium, Class Notes and Charter Flights. Genuine issues, genuine *feelings*, seemed undeniably to be slinking into these staid pages."

Such slinking was, to a great extent, just what the editor had ordered. Since the magazine's inception, the editors have sought to coax impassioned responses out of their readers. "We have suffered from a lack of burning issues," Garland wrote in 1928. "Any graduate who has an actively burning issue is invited to send it in, but it must be no smoldering, damp affair. It is not smoke we want, but a fierce and burning flame. We had conceived the idea of offering cash prizes for burning issues but the treasurer soon put a stop to that." Years later, editor George Richardson '46 proclaimed, "We prefer provocation to sedation, and rather fancy ourselves as a magazine of true adventure."

Readers themselves debated whether the *Bulletin* should provoke more and sedate less. In 1955, one alumnus accused the magazine of skirting controversial issues. "Let's have more light and less sweetness," he urged, signing his letter "Pugnax '41."

"Irritated '35" shot back: "Pugnax's demands that the *Bulletin* rush headlong into controversial issues of medical politics, ethics, and economics are either ridiculously puerile or shrewdly aimed at bringing about the self-destruction of the paper. He should leave the *Bulletin* to pursue its excellent course undisturbed. Personally, I regard his suggestions as asinine."

Although "Pugnax" and "Irritated" had graduated only six years apart, the condemnation of the younger correspondent as "puerile" is telling, for opinions about the magazine's contents have tended to reflect the generational sensibilities of the *Bulletin's* readers, who range in age from their early 20s to late 90s.

"Please—what has the *Bulletin* to do with that giant conclave of pigs at Woodstock?" a member of the Class of 1943B demanded in 1975. "It's supposed to be an alumni magazine, but it's completely dominated by the snot-noses of the '70s. Strike me off your list, gentlemen. Once and for all." (His name clearly stayed on the list, for several years later he was still inveighing against all the "tomfoolery" to be found in the *Bulletin*.)

June 1953

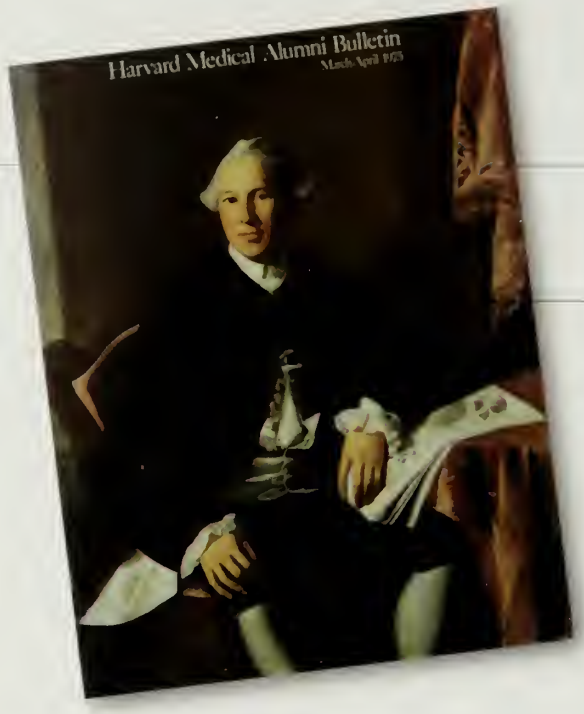
ALAS, POOR YORICK: The June 1953 issue featured a debate over "the world's most perfect skeleton," a controversial moniker given to a skeleton in Harvard's Warren Anatomical Museum. This *Bulletin* style lasted two years.

October 1955

HOW NOBLE IN REASON: When editor John Merrill introduced this updated look in January 1955, he wrote, "With this issue the *Bulletin* appears in new garb; larger, more easily read, and, we hope, more attractive. The format is improved, and the content will not lag." This approach was retained through 1960.

Summer 1966

WHAT FOOLS THESE MORTALS BE: In the 1960s, the *Bulletin's* covers become more varied. One reader responded to the one below with, "What has gotten into your editorial board, approving the current cover as it has? Some recent numbers have been pretty bad, but this one passes all bounds."



March/April 1975

WITH SOME FINE COLOUR THAT MAY PLEASE THE EYE: In the 1970s, the *Bulletin's* covers were often printed in full color. The interior poges continued to be printed in block ond white, with occosionol splurges on full-color feotures.

A presumably aggrieved "snotnose" defended the magazine's Woodstock coverage, arguing, "By its focus on current issues that touch medicine in its broadest human sense, the *Bulletin* has metamorphosed over the years from a somewhat creaky vehicle into an exciting, vital, and occasionally passionate forum for ideas and debate, which I look forward to reading with each new issue."

Intergenerational conflict did not cease with the passing of the controversial Woodstock era. "It saddens me that the *Bulletin* seems to have degenerated into a series of shrill, sophomoric essays by medical undergraduates who fancy themselves to be 'dehumanized,'" an older alumnus complained in 1982. "Has the whole HMS student body become a group of dyspeptic little Hamlets who mope about constantly ruminating and soul searching? Please, let's return to the old *Bulletin*, and have something which 'neither starveth the soul nor outrageth the intellect.'"

MUCH ADO ABOUT NOTHING

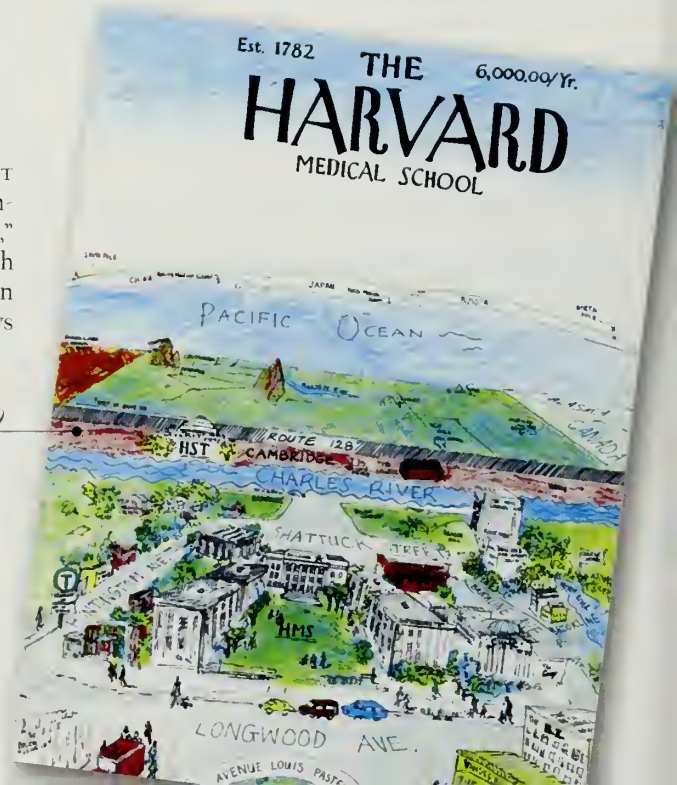
FROM THE BEGINNING, THE *BULLETIN'S* EDITORS HAVE SOUGHT to nourish both soul and intellect. "Our *Bulletin* will continue to represent a refreshing sounding board for alumni," editor John Brooks '43B wrote in the magazine's 40th anniversary issue, "so that all may express themselves in areas not purely scientific or clinical, but rather in ways whereby they can maintain the breadth of pursuit that makes for the happy life of the doctor. Medical politics and community health, medical law and insurance, travel, hobbies, and humor: these are the pursuits that keep the doctor from being a narrow man."

With most of the articles written by HMS graduates themselves, the *Bulletin* has, over the years, delved into some wonderfully offbeat topics: Sherlock Holmes's affection for dogs; miniature recreations of infamous murder scenes; the seven Sutherland sisters, whose combined tresses measured nearly 37 feet. Even medical stories have explored quirky angles: diagnoses of the maladies of literary characters; clinical encounters with whales in distress and chimps in traction; visual correspondences between art and anatomy, with Vincent Van Gogh's *Starry Night* resembling ovarian tissue samples from rats.

Such courageous eclecticism has not, however, satisfied all readers. In 1979, one alumnus reported that a classmate had been urging him to write an article on a "delectable but much maligned vegetable"—the parsnip: "Of course, I was a bit puzzled by the idea of the parsnip as a subject for the *Bulletin*. It does not cure acne, it does

January/February 1979

THE WINTER OF OUR DISCONTENT: Although two younger olumni praised what they colled the "brilliontly executed ond conceived sotire of o now fomous *New Yorker* cover," an older olumnus declared that it hod been done "in execrable taste."



nothing for hypertension, and schizophrenics are unmoved by it (except in certain instances in which they have been observed to spit it out quite ungraciously). Why then for the *Bulletin*? The latest issue led me to discard my scruples. The reason—an obvious lack of material. So why not parsnips?"

MEASURE FOR MEASURE

BROADSIDES AIMED AT THE *BULLETIN'S* CHOICE of content—or lack of choice content—have represented but one form of gleeful criticism by the magazine's audience. Parsing the *Bulletin's* prose, discerning readers have seized upon lapses in language, peccadilloes in punctuation, and sins in syntax. One reader, taking the *Bulletin* to task for several mistakes, noted crisply that, with regard to prescriptions and inscriptions, "your critic hopes for accuracy in the former, but would enjoy it in the latter."

Another reader labeled the misidentification of a photograph an "unseemly practical joke" on the part of editor George Richardson. "I presume he has skipped town," the offended party wrote, "and therefore demand an abject apology in the next issue of your rag. Our class will not be in town again until our 50th reunion, but at that time if the editor has sneaked back, we will be glad to ride him out on a rail, suitably clad in tar and feathers." ("Since reading this peevish epistle," Richardson responded, "I have oscillated between challenging the writer to a duel and eating crow. I have elected to eat crow. Mea culpa! Mea gravissima culpa!")

A question posed in a 1964 article—"Surely, by then diabetes may be no more threatening than to be born now with such errors of metabolism as phenylketonuria and congenital hypothyroidism?"—led another reader to wonder whether "the syntax was veiled in a membrane too tough for the surgical skill of the editor.

"Whenever time hangs heavy on my hands," the critic wrote, "I can always go back to this interrogation and try to decipher it. I have tried the cryptographic approach, such as omitting every third word and then taking every second letter of what remains, always being careful to transpose the d and the b. So far this hasn't clarified the question. An alternative would be the cabalistic approach, where the initial letters of each word correspond to numbers of special metaphysical significance known only to the initiated.

Summer 1981

FULL OF SOUND AND FURY: Dubbed the Awful, Awful Issue, the Summer 1981 *Bulletin* was likened to everything from a parody of movie magazines to an inflamed carbuncle. One reader griped, "The shifting type size, tilted pictures, broken columns, and pop art constantly pried me from the pleasantly thoughtful experience that reading the *Bulletin* has always been."

"I have even considered the psychiatric approach, considering the whole sentence a gigantic Freudian slip," the reader continued, "indicating that the author was probably a bottle-fed baby expressing some latent resentment against his mother. Or perhaps someone failed to exorcise the devils who lurk in the bowels of linotype machines and cause the flatulence which becomes manifest in the printed word."

THE TEMPEST

AS WITTILY—OR AS IRASCIBLY—AS THEY HAVE SOMETIMES grumbled about the *Bulletin's* content, readers have often saved their most devastating diagnoses for the magazine's design. In the 1960s, readers urged a return to the format of the 1950s; in the 1970s, they pleaded for some flair. In the 1980s, they yearned for the 1970s look; a decade later, they accused the magazine of trying too hard to be trendy.

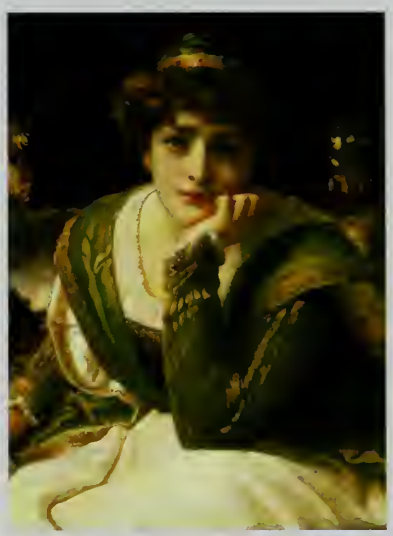
"What has gotten into your editorial board, approving the current cover as it has?" one alumnus griped in 1966. "While the rest of your alumni body are busy improving a cockeyed world by providing therapy, your board is taking the easy path, and helping in the general degeneration. If you intend to keep on with these childish pranks, please don't send any more copies to my office. The Columbia doctor next to me saw that cover and laughingly asked whether our board members really are Harvard Medical graduates."

THE LADY DOTH ATTEST TO MUCH, METHINKS

The Bulletin's ink-stained hands have usually belonged to a woman

IN DECEMBER 1954, EDITOR JOHN MERRILL '42 WAS preparing to launch an ambitious redesign of the *Bulletin*. He had articles to edit, design details ta approve, Nobelists to laud. That same month, he broke new ground in his day job as well, serving as head physician on the team that performed the world's first successful kidney transplant in humans.

How did this moanlighting nephrologist juggle both jobs? The same way that *Bulletin* editors have been finessing their duties for decades: "With the indispensable help," as founding editor Joseph Garland '19 once noted, "of extraordinarily well-qualified lady associate and assistant editars."



When Garland introduced the *Bulletin* in 1927, it was, he wrote, "a ane-man job, performed when time permitted." Time has seldom permitted, however, as all of the *Bulletin's* alumni editars have been practicing physicians. Along with Merrill and Garland, a pediatrician, they have included o cardiologist, a rheumatologist, twa psychiatrists, an internist, and—appropriately for the task of editing—five surgeons.

The idea of adding a woman's touch first arose in 1931. "A powerful stabilizing factor," editor James Faulkner '24 wrote, "would be the employment of an experienced professional secretary, preferably with some journalistic training, who would carry on the bulk af the detail work of editing the *Bulletin*."

Mrs. K. B. Wilson became the magazine's first staff member in 1936, as part of her role as the Alumni Association's executive secretary. "During the years she has suffered nobly (and not always in silence)," editor Edward Hamlin, Jr. '33 wrote a decade later. "Mrs. Wilsan's faithful supervision af each *Bulletin* has been of the utmost help to the various editors, who must fit their editorial duties into their awn busy medical schedules." Hamlin added, "The editor understands so little of his job that problems are practically unknown."

Since then, 35 ladies and one gentleman have provided the behind-the-scenes editorial assistance. As the task of publishing the *Bulletin* grew increasingly complex, editor George Richardson '46 drew a parallel between their effarts and the activity portrayed in "the *New Yorker* drawing of the Cadillac hood, open at the gas station, with twa exhausted squirrels in a cage in place of an engine." The ladies' exhaustion may have sprung from a high level of commitment; in 1962, the associate editor raised the bar of devotion by resigning from her desk just four hours before giving birth to a daughter at the Boston Lying-in Hospital, conveniently located across the street.

In 1995, coincident with the publicatian af a special issue celebrating the 50th anniversary of the admission of wamen to Harvard Medical School, the managing editor position was upgraded to that of editor, and the physician editor became listed as editor-in-chief.

"Soon after joining the *Bulletin* I was charged with interviewing a candidate for the associate editar's position," says William Bennett '68, the incumbent editor-in-chief. "A sprightly young woman, she sat down with me and said engagingly, 'I know you're pretty much a figurehead, but I'd like to tell you about my experience.' I'd like to think I'm not entirely a figurehead, but reflecting on the history of my predecessors and their 'lady editars' has redoubled my admiration for the skillful balancing acts—whether between the *Bulletin* and dedication to practice, or between the *Bulletin* and devotion to family—that have kept the magazine gaing strong for 75 years."

ARTWORK: FRED LEIGHTON

"I am a firm believer in style," another alumnus declared a decade later. "Your *Bulletin* lacks style. From a typographic standpoint, it is so drab, so soporific—it's abominable. I have complained before; I will complain again. Why not walk down the street to the *New England Journal of Medicine* and see how they do it? It's not the best format in the world but it's light-years ahead of yours. Please let me read the *Bulletin* with pleasure. Please get up some style."

Several years later, an alumnus denounced the "execrable taste" of a *Bulletin* cover that mimicked the famous *New Yorker* map of the world. "This serious travesty at alumni expense will be reflected in annual giving," he warned. "If the *Bulletin* feels that this is appropriate filler for its pages, I suggest that we begin a diligent search for a new editorial staff. If it has no further choice, I suggest that the office be closed."

Yet the *Bulletin's* most acute affliction, according to its many diagnosticians, flared up in the summer of 1981. That issue sported a new look, the result of "some cosmetic surgery," as the editor's column optimistically framed it. Day-Glo colors electrified the cover's celebratory photomontage, turning balloons vermilion, ribbons pistachio, and frosting fuchsia. The tilted reunion photos were tightly cropped, lopping off many a physician's head

Spring 1982

BE NOT AFRAID OF GREATNESS: The Schaal's bicentennial was cammemarated with a special issue whase caver was adarned with partraits of two of Harvard Medical School's founding faculty members, Jahn Warren and Benjamin Woterhouse.

at mid-temple. Illustrations depicted everything from Lilliputian doctors scouring a Brobdingnagian ribcage with magnifying glasses, to a Los Angeles freeway swirling through a Chinese landscape, to a shark circling above a submerged dentist, armed only with the dental probe, mirror, and toothbrush stowed neatly in his pocket.

The bold design drew high praise from publishing professionals. "Your transformed *Bulletin* made waves in our office this morning," one wrote. "When the mail came in, our publications staff dropped everything to gawk." Another observed that the magazine's excellent contents had been wrapped in drab packaging for far too long. "But," he predicted, "you are sure to hear howls of protest from those to whom tradition has no rival."

And howl they did. "Ugh! I do *not* like the new format," one alumnus wrote. "The type is unattractive. The artwork is ugly, ugly, ugly. It looks as if you have gone modernistic, and the *Bulletin* looks like a cheap trade journal. Is this a sign of deterioration of the Medical School, or of the modernists who have taken over? Thank goodness I was in medical school when it had dignity!"

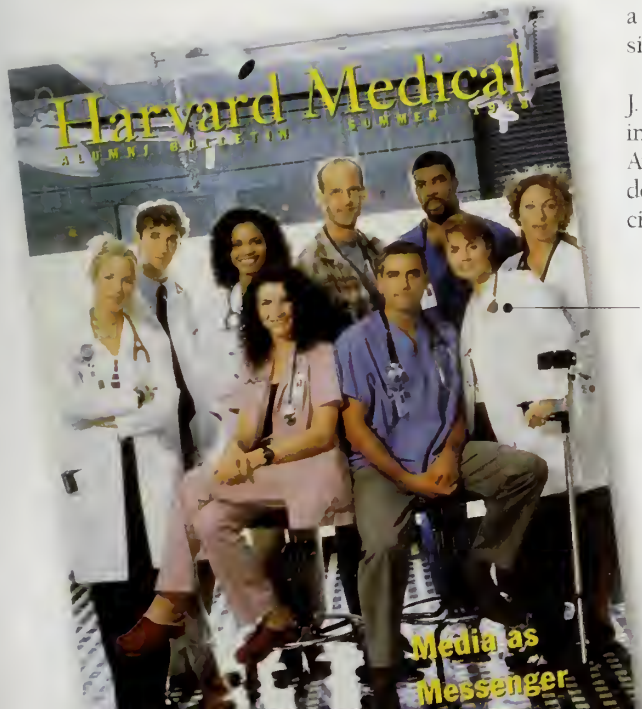
A second alumnus lamented the magazine's resemblance to "a pharmaceutical house publication with touches of the Victorian Age." Another condemned what he viewed as an ill conceived foray into pop culture: "If *People* magazine were what I wanted to read, I might not have bothered with the *Bulletin* in the first place." A fourth noted, curtly, "Cover: nauseating. Typography and layout: appalling. Drawing and 'artwork': pathetic. Overall: disastrous."

Perhaps the most unnerving diagnosis came from an alumnus who laced his epithets with clinical terms: "I have been trying to analyze what is so repulsive about the latest issue of the *Bulletin*, and have finally come to the conclusion that it's not the literary copy but, like an inflamed carbuncle, it hurts just to look at it.

"I am not the only one left speechless by the banality and cyanotic quality of the cover picture and illustrations in general," he added. "As if that innovative balderdash were not emetic enough, on opening the cover one is slapped promptly with staccato changes in type and headlines that flash out as blatantly as the bleats and beats of a rock concert." The issue, the alumnus concluded, was simply a "malformation."

In his farewell column more than a decade later, editor J. Gordon Scannell '40 was still alluding to the trauma, labeling it "an editorial fiasco." The cautionary tale of the Awful, Awful Issue, as it came to be known, has since been passed down to each incoming editor. Clinging to a familiar principle, "First, do no harm," the *Bulletin*'s chastened guardians

Summer 1998



TO THINE OWN SELF BE TRUE: In 1991, the *Bulletin* undertaak o redesign that lasted nine yeors. "No rodicol recanstructive surgery, mind yau," editar J. Gardan Sconnell wrate. "Just tasteful cosmesis."

Summer 1999

O BRAVE NEW WORLD: When the mogozine was redesigned in the summer of 1999—despite repeoted odmonitions ogoinst tinkering with its design—this issue became the first to incorporote o second color throughout its inside pages.

have since carefully avoided taking any but the most palliative of measures; readers, for their part, seem to have adopted an approach of watchful waiting.

ALL'S WELL THAT ENDS WELL

UNFLATTERING CRITIQUES ARE ALWAYS A PERIL OF PUBLISHING, and during my short tenure at the *Bulletin* I've not been immune. Indeed, a year before his death last November, Francis Moore called to dispute an article we had published about an infamous murder that took place at Harvard Medical School in 1849. By then, I had learned to consult with Dr. Moore on everything from his experiences during World War II (investigating new treatments for wartime casualties), to his musical preferences while operating (silence, interrupted only by "kind words, if not sweet words" from his scrub nurse). And by then, I had come to recognize the warmth in his baritone and the playfulness of his words—even his reproving words. Didn't I realize, he asked, exasperated, that Professor John Webster was *not* guilty of murdering his old friend George Parkman, as had been presumed for 150 years?

Dr. Moore promised to set the matter straight and was delighted when we published his entire letter to the editor, which ran nearly half the length of the original article. His missive argued for the homicidal culpability of the School's janitor, then concluded with the hope that the *Bulletin*'s editor of 50 years hence—"as yet unborn"—would display better powers of discernment than those of the current editor.

More recently, a reader evoked the very bard that Dr. Moore had encouraged me to bear in mind. After soundly castigating the author of a *Bulletin* article, she concluded her letter with, "There is no point in going on about the hellish philistinism of this man. I leave it to Shakespeare and *King Lear*. The author stands convicted as surely as if he were the odious Goneril, whom Albany rightly condemned with searing words: 'O Goneril! You are not worth the dust which the rude wind blows in your face.'"

Before we could go to press, the reader withdrew her letter, admitting that she had composed it in a fit of pique. We can't always count on such felicity, though, so we continue to tread softly, filling the *Bulletin*'s pages with some sweetness, some light, and the occasional burning issue. And when our contents run dry, we know we can always refill one of the magazine's many prescriptions: editing by cryptographic or cabalistic approach, celebrating the much-neglected parsnip, or simply thumbing through pages of Shakespeare and the Bible, seeking inspiration. ■

Paula Byron is editor of the Harvard Medical Alumni Bulletin.

Winter 2000

THE DOG WILL HAVE HIS DAY: The unprecedented popularity of the Winter 2000 cover proved the old odoge obout the show-stealing properties of babies and dogs. We owoit conine opportunities.

THE COMEDY OF ERRORS

A Compendium of Bulletin Blunders

Shuffling Off to Buffalo

A sentence in the recent issue reminds me of the old *New Yorker* quips: "Clement wos o psychiotrist who speciolized in the treotment of olcoholism on the stoff of Buffolo Generol Hospitol." Buffolo is o tough ploce to live but...

EUGENE E. NATTIE '71 [SPRING 1996]

From the Bottom of My Heart

Though on occosion rectol exominotion or dilototion moy indeed induce extrosystoles or even syncope from sinus stondstill, ond stroining ot stool moy bring obout serious pulmonory embolism, I hosten to correct ony impression of Leonordesque versotility conveyed by the title given for my book in the Alumni Notes section of the lost issue of the *Bulletin*. It should reod "Cordioc Emergencies ond *Reloted* Disorders," rother thon *"Rectol* Disorders." However, the surprising interest in the quoted title suggests thot perhops the subject os given deserves greoter ottention.

HAROLD D. LEVINE '32 [SPRING 1961]

How Do You Like Them Apples?

In the July 1957 issue of the *Bulletin*, I find: "Leslie M. Bell reports thot he keeps busy doing in the 'opple country' (Winchester, Virginio)." Perhops there is o chonce of misinterpretotion of just whot goes on oround here! One con do some things oround the opple tree, o few things in the opple tree, but mony things under the opple tree. If you could insert the word "surgery" between "doing" ond "in," I should be very oppreciotive.

LESLIE M. BELL '35 [MAY 1958]

Is There Death Before Life?

I used to dislike proofreoding; however, lest the following succeed by eminent domoin, I hesitote little in pointing to poge 20 of the spring *Bulletin:* "Oliver Wendell Holmes wos born in 1809"; ond loter in the some porogroph, "Holmes died in 1804"! At first I thought this wos o clossic cose of heort success, "where the heort beots better ond better 'til time runs bockword."

DAVID DOVE '42 [SUMMER 1982]

The Nature of the Beast

In the Alumni Notes, it is stoted thot I om President of the Society of Peloric Surgeons, ond surely this must be o most interesting society! My dictionory defines "pelor" os o fetol monstrosity with some ports obnormolly lorge. Surely this society must hove more intriguing meetings thon my own, which is the Society of *Pelvic* Surgeons!

SOMERS H. STURGIS '31 [MAY/JUNE 1970]

The Unkindest Cut

Of especiol interest in "Dr. Guillotine ond His Non-Invention" wos the dote of the visit to the priest by the executioner Sonson—1973, 200 yeors ofter his execution of the French king. The outhor should hove reveoled the secret of Sonson's long life before the doys of low cholesterol ond other fod diets.

THEODORE B. MASSELL '31 [SPRING 1991]

Greatly Exaggerated Reports

Fridoy morning my wife, Enid, received o phone coll from my HMS clossmote Bob Scully. "Enid," he soid, "I'm so sorry to reod of Lew's deoth in this month's *Alumni Bulletin."* Enid, like Bob, is o pothologist ond, like oll pothologists, her middle nome is equonimity. "Well," she onswered, "he wos breothing this morning. Fronkly, he didn't look ony different thon he did yesterdoy."

Scully countered, "I thought there wos something funny. The note soid he wos survived by his widow, Sylvio."

"Reolly," Enid replied. "Moybe there ore skeletons of which I'm not owore."

The importonce of this wos emphosized when we got home ond found o messoge from o distrought Sydney Gellis '38, my hero ond mentor of mony yeors. "Enid, I just reod the terrible news obout Lew, ond incidentolly, I think it's in poor toste to leove his voice on the onswering mochine."

After phoning him ond heoring the distress in his voice, she soid, "I'll let you speok to him." I got on the phone ond told him this wos o very long distonce coll ond it wos very hot here.

On Tuesdoy I received o coll from the *Bulletin's* editor. She opologized for the error ond soid she wos sorry, but did not moke cleor whether she wos sorry for the notice or thot I wos olive or both. I ossured her thot my mother's nome wos Mory ond my fother's nome wos Joseph ond thot he wos o corpenter. Therefore she need not worry. (I om still confused os to whether the *Bulletin's* onnouncement of my deoth wos wishful thinking or if the school onticipoted o lorge trust.)

Now the truth is thot life ond being olive ore philosophicol concepts. When Enid reloted the conversotion thot hod olerted her to my untimely demise, I immediotely went to the EEG lob, where squiggles were reported. My pulse ox is respectoble ond my EKG shows electricol dischorge. Nonetheless, if I om deod—legolly, thot is—pleose notify our closs ogent, Chet d'Autrement.

LEWIS BARNESS '44 [SPRING 1995]

75 years

PHOTO: JOHN SOARES

In past pages of the *Harvard Medical Alumni Bulletin*, physicians

the Art is long

"LIFE IS SHORT, AND THE ART LONG, the occasion fleeting; experience fallacious, and judgment difficult." In his famous aphorism, Hippocrates offered a humbling perspective on the art of healing. The vignettes that follow, culled from past issues of the *Bulletin*, reflect this long art, in all its subtleties and imperfections, its triumphs and limitations. The stories reveal the physicianly eye for detail, as the authors portray telling clinical moments. Although true that, in literary matters as in medicine, experience can prove fallacious and judgment difficult, these readings, we believe, best capture the spirit of the *Bulletin's* long history.

have reflected on defining moments in their relationships with patients

Tea for two

THE TIME: FOUR O'CLOCK IN THE MORNING, MIDSUMMER, between our third and fourth years at HMS. The place: Twillingate, an island off the northeast coast of Newfoundland. Icebergs shone white in the bay and I was shivering, partly from the chill and partly at the prospect of my first home delivery. The bag full of sterile goods looked pathetically spare and, as I walked up the dusty path leading to the fisherman's cottage, I hoped against hope that the baby would get there before I did.

Minutes later, however, the child was born in an upstairs room illuminated by a faltering flashlight. My sense of relief was boundless, but short-lived; for when I reached for the placenta, I was startled to grasp a foot instead. For one anxious moment in the dimly lit room, I thought it belonged to the child I had just delivered; but a quick check of the infant on the bed revealed that all its extremities were intact. "Do I have to go through all this again?" wailed Mrs. Pardy, the mother. "Do I have to go through all this again?" I echoed. How disgraceful now my inattention to details of footling breech deliveries during that third-year lecture on difficult presentations.

After the second child arrived, I tucked a baby under each arm and retreated down narrow stairs to the kitchen where appreciative relatives stood waiting. All but the father. He was outside operating on a pile of codfish. Elatedly, I called over, "You have two!" "These your first?" he asked, barely looking up.

I learned three things from this experience: (1) a measure of self-reliance; (2) that it *is* possible to get by on less; and (3) that the reason for having water boiling during a home delivery is so everybody can sit about afterward with a cup of hot tea.

CLEMENT HIEBERT '51
[SUMMER 1981]

Rude awakenings

The phone rong deep in the night. It wos the emergency room. A scolp locerotion.

A coll to the emergency room is never welcome. It olwoys interrupts something: reading, ploying cotch, eating, wotching o fovorite television show, even moking love. It is olwoys imperotive. If one tries to put it off, one feels guilty ond worries obout being reported to the ER committee. A doctor of introspective bent con olwoys exomine his motives with interest. One influenced by Thomos A. Kempis con moke spirituol use of such o coll.

I rose from my bed, roused out of o deep loyer of sleep, ond thought something obout on opportunity to exercise my gift for potience. I felt comfortobly virtuous os I drove up Sunset Avenue to the hospital. I even took the trouble to remind myself, with God listening, thot it wosn't such o greot socrifice. Sure, the potient wos drunk ond would doubtless not pay for having his locerotion sutured. Yet, how big o deal wos thot, compared, for instance, to the crucifixion?

I noticed o toll womon smoking just outside the door to the ER. She wos dressed in o bright moroon, very short dress, wore long bongles from her eors, seemed hideously overdone with mokeup, ond hod her hoir swept up in on extrovogontly bold coif. I think I remember something glittering in it.

My guess wos thot she wos o prostitute. Remembering Mory Mogdolene, I gove her my most compossionote smile, hoping it conveyed o grocious lock of prejudice ond nonjudgmentol kindness. There but for the groce of God...

I nodded. "Good evening," I soid.

Her eyes slowly ond insolently swept me from heod to foot ond bock ogoin. "Well," she soid. "You sure took your domn sweet time, didn't you?"

GEORGE S. BASCOM '52
[SPRING 1992]

Express delivery

IN THE EARLY DAYS OF THE FRONTIER NURSING SERVICE, nurse-midwives navigated eastern Kentucky's rough terrain on horseback. One day, so the legend goes, a young boy inquired of his expectant mother, "Mama, where do babies come from?" "Why," she answered, "the midwives bring them in their saddlebags." Since then, this story has been passed on throughout Kentucky's mountain communities.

Eastern Kentucky is all hills and hollows, and in the tiny town of Hyden, nestled at the bottom of one of those hollows, it is said that the only way to see the sun shine is to lie on your back between 10:00 a.m. and 4:00 p.m. I first arrived in Hyden in 1973 to embark on a two-year stint as the medical director of the Frontier Nursing Service, a pioneering program that trains and sends nurse-midwives to the homes of expectant mothers. There I found a primitive wooden hospital with a single operating room the size of a large closet, complete with a wet mop and mousetrap in the corner.

During those two years, I learned what 75 years of dedication by the nurse-midwives had meant to the people of eastern Kentucky. One day, I fielded a call over the short-wave radio from a nurse-midwife who announced, "I'm bringing in a patient with a ruptured ectopic pregnancy!" The nurse soon appeared in her Land Rover, her patient attached to an intravenous line and securely bedded on the floor of the vehicle. The woman's husband was offering her comfort. My interview and exam turned out to be superfluous,

because the nurse had coolly brought the situation under control. When I operated, I evacuated considerable blood from the patient's abdomen, clamped and removed the bleeding fallopian tube, closed the abdomen, and reported to the husband. He listened politely, but directed most of his questions to the nurse, as was proper. She was the person he knew, and the one who had intervened immediately to save his wife's life. To him, I was just another pair of hands.

FRANK J. LEPREAU, JR. '38
[SPRING 2000]

"I found a primitive wooden hospital with a single operating room the size of a large closet, complete with a wet mop and mousetrap in the corner."

The song of a thousand cicadas

FIRST AUDIOGRAM. I AM LED TO A SMALL soundproof chamber with a heavy door, like a bathysphere. Silence at first, then the slow crescendo of the tinnitus that appears when I am in a quiet place, the song of a thousand demented cicadas. Behind a panel of dials and switches, I can see the face of the audiologist as she raises the volume, obviously disappointed and increasingly concerned. Two huge loudspeakers, inches from my face, are mute to me. I feel I am sinking through depths. The audiologist turns up the volume further, until I hear a faraway pulsing beep. I am found to have mild to moderate hearing loss, due to otosclerosis.

DEBORAH ROUNDTREE / THE IMAGE BANK

After I failed the audiogram and was fitted with a hearing aid, my grades rapidly rebounded, but my life felt hugely changed. I dreaded the future. I was suddenly and uncomfortably aware of my mortality—it seemed that a part of my body had prematurely died. My previous stance of detached nerdiness no longer seemed an adequate answer to life. These feelings nudged me, along with the nudging of two physician parents, toward a last minute decision to forget physics and attend medical school.

First year of medical school. *Le Nozze di Figaro* with friends. We have good seats, but I have forgotten my hearing aid. Mouths are opening and closing on the stage. There is a buzzing sound that must be connected to the sawing of the violins. The flutists are urgently but silently fingering their flutes. Louder passages are musically clear but wordless. I am bored and itch to leave.

Third year, emergency room rotation. I am using my father's ancient stethoscope with oversized tubes. I clear an asthmatic child for discharge. There are no wheezes. The attending physician listens, tells me there are still wheezes, and shows me where to find them. I listen again, hard, but hear nothing. It is clear that I will not be an emergency room physician. I am losing five decibels a year, with no sign of the remission usual in otosclerosis, and no benefit from stapedectomy.

Otosclerosis is not supposed to strike this hard, or this young. A CT scan shows dozens of foci of active disease, spicules of out-of-place bone attacking middle ears, cochleae, and auditory nerves. The disease is hereditary, and my father's case is more typical: his mild hearing loss was surgically corrected and barely affected his career.

I had enjoyed my psychiatry rotation on a consultation service, and had volunteered at a crisis hotline in college after the suicide of a friend. Pathology and radiology, the only other apparent choices, seemed likely to increase social isolation. Psychiatry also offered a chance to explore the subjective world, a nice mirror image to my college interest in deeply understanding the objective one. I began telling anyone who asked, with a confidence born equally of ignorance and bravado, that I would be a psychiatrist for the deaf.

SANJAY GULATI, MD
[WINTER 1998]

> "I have forgotten my hearing aid. Mouths are opening and closing on the stage. There is a buzzing sound that must be connected to the sawing of the violins."

Perfect pitch

In o dork corner of o veterons' hospitol lies o mon exiled from this world. He borely moves, eats little, does not speak, recognizes no one. His foce, o stubbly mess, shows neither pleosure nor displeasure—just o constont indifference ever since o stroke devostoted him ten yeors ogo. An ortery in his left broin hod ruptured, spilling o river of blood in his heod, drowning out reason ond memories, clogging his once brilliont mind. His fomily left him long ogo.

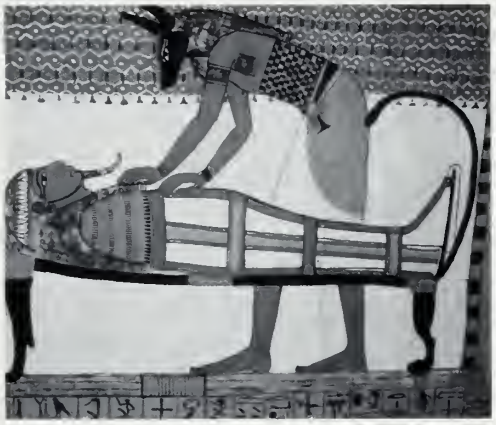
Now this mon lies on o miseroble cot, vocont ond opaque. He looks o decode older thon his 67 years. His foce is gnorled ond unshoven, his streaks of white hoir ore in disorroy, his mouth is twisted ond drooling. His eyes store ot the fluorescent light obove, on ortificiol brightness thot never vories.

Foce to foce with him, I stort singing on old Anglicon hymn, "Come down O love divine." His foce stirs with recognition, his eyes begin seorching, his breoth quickens, his right hond twitches. I sing onother verse, ond onother. I now see his foce wince, question, beg, protest. His breothing hos become irregulor, his foce humon. His mouth tenses in on effort to speak; worm teors sook his eyes.

Every week I would sing to this mon, ond every week I would witness o remorkoble owokening. He never spoke, but would join in the singing of hymns with his feeble, eggshell voice. It wos os if ofter years of hibernotion, he wos storting to thow, to move, to live ogoin. Through this window of music, o roy of light seemed to shine from the outside world directly onto his soul.

Throughout history, music hos been used to invoke God, coll ormies to wor, morry, bury, baptize, ond express the sublime ond the beautiful. The Bible describes Dovid's ploying his horp to ease King Soul's physicol ond mentol suffering. Todoy, os we discover its boundless potentiol, music is used in hospitols ond clinics to olleviote pain, reduce onxiety, recloim lost memories, enhonce leorning, ond restore order, beauty, hope, ond meaning in patients' lives. I hove olwoys believed in the tremendous power of music to reoch the soul ond to promote physicol ond emotionol wellness. After leaving medicine to pursue o full-time coreer in orchestro conducting, I return sometimes to the corridors of healing, this time bearing song.

SAMUEL WONG '88
[SUMMER 1999]



Book of the dead

I WAS GLAD THAT MY CADAVER LOOKED MORE LIKE AN Egyptian mummy than a real human form. It made all the incisions and dissections easier—more like digging at an archeological site than actually intruding into a human body. My lab partners and I gave her a nickname, of course: La Comtesse Innominée de L'Anatomie. It had class; it smacked of the aristocracy, fine breeding, noble carriage, and masquerade balls with champagne.

It was a funny thing, the degree of familiarity that my anatomy partners and I displayed toward Innominée. We talked to her as we worked. She was our first patient in many ways. We thanked her for being lean when it came to dissecting out the musculature and we cursed her just as readily when her abdominal organs were too adherent with cancer to be properly dissected. She taught us a lot more than anatomy in her patient, silent way.

Later in the spring, I was with a young internist who was called to pronounce a patient dead on the wards. The patient had died of pneumonia. She did not look all that different from Innominée, just a little pinker and a little less wrinkled. She smelled of the urine that had run all over her bedsheets. She was still infectious and dangerous though; Innominée was not. No matter how massive the metastases were in Innominée, they were all safe to handle, fixed in their malignancy by the all-pervasive formalin in the veins.

Then I did something I never expected to do, nor even remember thinking of doing at a conscious level: I reached out and touched the body of the recently deceased patient. Behind the curtain that hid her from the rest of the world I touched her. The skin was so warm it felt as though it could burn. The skin was so pliant my fingers sank into it. It was like touching human warmth for the first time in my life. A last breath trapped in the motionless lungs escaped in an awkward kind of weak burp. O my God, I thought, this is it. This is the great dividing line; this is the absolute irrevocable step. The doctor simply looked at me with a mixture of curiosity and compassion. As he left the room in front of me, he said over his shoulder, "I always take this sort of thing very seriously." He then duly recorded the facts about the end of this life, the examination he had performed, and the time—always the time.

ALLAN HAMILTON '82
[NOVEMBER/DECEMBER 1978]

Third time's a charm

MY MOTHER WAS "DR. GRETCHEN BERGGREN OF THE HARVARD School of Public Health," as she often informed airline reservation desks. We grew up in rural Haiti, where on a family outing we might see a mother of infant twins lying on the ground in front of her shack while her babies nursed in tandem. My mother would likely stop and encourage her: "*let maman se pli bon let!*" (mother's milk is the best kind!). We might hear stories from Dad on why a man had pushed his way to the front of the market crowd waiting for immunizations: "Doc, you have to let me go first. I need to run home and give my pants to my brother so he can put them on and come and get his immunizations too."

We would sing Creole songs by health educators on how to make oral rehydration solution from local products. We would stop and look at a cooking pot perched on three rocks over a charcoal fire on the ground. Besides remarking on the excellent protein content of the Haitian national dish of *sos pwa*, red beans and rice, Mom would admonish the cook to come back for her third tetanus immunization, pointing out, "If you took away one of the three rocks, the cooking pot would fall down, right? Well that's what can happen to your baby if you don't get all of your vaccines!"

PHOTO: PHILIP GOULD/CORBIS

The annual Christmas pageant at Hôpital Albert Schweitzer in Haiti takes place on a tennis court, with live donkeys and goats in the manger. At age five, I called out loudly during the pageant, "Who cut the umbilical cord?" "Hush," I was told, "it was probably Joseph, with a machete." The next question was logical and the obvious one to ask: "Why didn't baby Jesus get tetanus?" Why not indeed? It is a miracle that never seems to get discussed in church.

Fast forward 30 years: I am "Dr. Ruth Berggren of UT Southwestern Medical School in Dallas," but my patients know me simply as "Doctora Ruth." They are Hispanic women with HIV, gay men, and injection drug users coinfected with hepatitis C. I try to teach about adherence to complicated regimens. ("You know how that stool you are sitting on has three legs? What would happen if I cut off one of those legs? You'd have an unstable situation there, right? Well, that's what will happen if you take only two of your three antiretroviral medications.") Next I may counsel a woman with HIV who brings with her a healthy child, one who did not become infected with the virus. We will remark upon this miracle, and talk about how to keep the child healthy. And so it continues.

RUTH BERGGREN '88
[SPRING 2001]

A royalist pain

Twenty-five years aga, in the days af the New Deal, an arthapedist asked me ta see a rich private patient wha had torticallis. He had been unable ta find evidence af arthritis ar ather local lesian and was asking me what neuralogical ar psychiatric canditian might explain the persistent and incapacitating pain in the patient's neck. I made a careful neuralogical examinatian, talked with the patient about an haur in all, and left far the day with a rather uninteresting histary and na pasitive neuralogical findings except spasm af certain neck muscles.

Nat having abtained any lead as ta *what* caused the pain, I went in the next day, sat dawn beside the bed, and asked, "Well, *wha* is a pain in the neck?" The reply was explasive—"Raasevelt is a pain in the neck!" Then fallawed an eruptian af vituperatian against Raasevelt and all his ways; he had "ruined" my patient's business, "canfiscated" his prafits, impaired his liberty, and changed his way af life sa that family tensians were rising. It was a dramatic and ematianal expasitian af the paint af view held at that time by the men Raasevelt was calling "Ecanamic Rayalists." The patient pushed away his hat pack, sat up in bed, gesticulated and spake laudly, drapping entirely his passive invalid attitude.

Half an haur later he lay back, surprised that he had maved sa much withaut pain. Several mare interviews canvinced both the patient and me that he had first experienced a camman "stiff neck" three weeks earlier (saurce unknawn), and that this minar and usually temparary ailment had been exaggerated and perpetuated by his ematianal tensians. He returned hame ten days later still canvinced that Raasevelt was symbolically "a pain in the neck" but with enaugh insight to keep him fram again having thase symptams.

STANLEY COBB '14
[FEBRUARY 1960]

PHOTO: HULTON-DEUTSCH COLLECTION/CORBIS

Whose death is it, anyway?

THE PATIENT, MABEL, SAT IN FRONT OF ME for the first time 25 years ago as an independent, intelligent, professional woman who knew what she wanted and was used to getting it. She had her end-of-life decision making written out, signed, and even notarized. The first thing she said after greeting me was, "I want you to be aware of my strong wish that, should I ever reach a point in my life that I am confined to a nursing home, or lose my ability to care for myself or interact meaningfully with other people, I don't want my life prolonged under any circumstances." I listened carefully and told her that I understood and, within the limits of the law, would do my best to comply with her wishes.

Two months later, during a medical procedure to head off a threatened stroke, the stroke won, robbing her of speech and motor control of her right arm and leg. Without today's sophisticated diagnostic tools, it was impossible to predict how much recovery was possible, and it was then considered legally risky to withhold intravenous fluids. She had to be revived enough for us to discover how devastated her brain had been. Then she was sent to a nursing home, where her brain recovered from the fog of acute injury only for her to discover, to her horror, that her worst nightmare had come true.

A month later, on my first visit to the nursing home, she was sitting in a wheelchair in a large room filled with residents and staff. She saw me from a distance as I entered the room.

"Noooooo!"

The scream stopped all noise and movement in the room. My eyes sought the source of the scream. I recognized the twisted face and took the full pierce of its meaning in a single second.

"Noooooo!" Mabel repeated, bending forward at the waist and pushing vaguely and ineffectually on one wheel with her only working hand in an attempt to get to me. "Noooooo!"

Attendants and nurses supported her as I approached. She had and would forever have only one word—"Noooooo!"—with which she could stab, dismiss, or plead, depending on her level of anger.

I sat in front of her and extended my hand, which she took with her left and held between us as she pleaded, "Noooooo...noooooo...noooooo...noooooo!" She put my hand to her cheek and again cried, "Noooooo...noooooo...noooooo!" The nurses told me she had not meaningfully spoken until then. I left the nursing home sucked dry of all emotion.

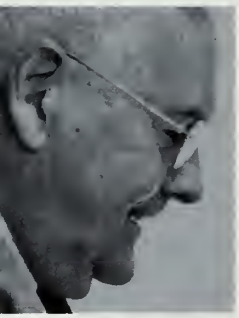
A month later, with fear and trepidation, I visited again, and the scene was repeated. In the ensuing months, the staff asked that I call before my visits so that they could isolate her from the other residents and, I suspect, prepare themselves for her outbursts.

Over the next six years, Mabel took antidepressants and still pleaded her unmistakable case. She tried starving herself, but when she became too weak to resist, the staff would feed her. When she developed seizures, she tried refusing medication, only to bring on even stronger seizures, which required hospitalization and treatment. She tried, over and over, to end her life. And I tried, over and over, pushing hard within the limits of the law, to let her life end. To no avail.

> "She was sent to a nursing home, where her brain recovered from the fog of acute injury only for her to discover that her worst nightmare had come true."

Eventually I had to withdraw as Mabel's physician. I couldn't take the gut ripping experience of her pleading any more, because I agreed with her utterly and yet was powerless. She lived eight more years. And I was left wondering what right societies and governments have to make demands on people in end-of-life situations.

PETER M. PATRICELLI '71
[WINTER 2000]



"AND NOW A

For 75 years, *Bulletin* advertisers have peddled remedies for America's woes, from diaper rash to despondency

THE INVESTMENT COMPANY OF COFFIN & Burr ran the first advertisement in the first issue of the *Bulletin.* Two years before the stock market crash of 1929, the ad's headline declared, "A Good Year to Own Bonds."

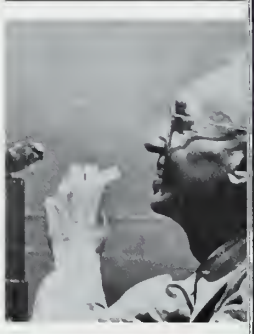
Since that inaugural issue, the *Bulletin* has carried advertising for everything from doctor's suites on Beacon Hill ($125 a month in 1936), to financial advice, to diaper delivery services. For the *Bulletin's* first 50 years, though, pharmaceutical companies dominated its advertising space. In 1956, an Editorial Board member pondered the intersection between medicine and marketing. "The *Bulletin* is a

WORD FROM OUR *Sponsors"*

$12,000 liability, and this hurts a New England conscience," Rolf Lium '33 wrote. "The natural touch for contributions are the pharmaceutical houses—those illustrious dispensers of relaxors, tensors, neutralizers, and antagonizers. But they have stockholders to soothe, and there are advertising managers who stand guardian over the profits."

Initially, Editorial Board members had been assigned the task of selling ad space, Lium added, but, "After much soul-searching, we decided that only a professional advertising man could smash the atomic heart of an advertising agent." However they were sold, the *Bulletin*'s vintage pharmaceutical ads offer a window onto the anxieties and aspirations of a society preoccupied with the pursuit of youth, beauty, sex, happiness—and even health.









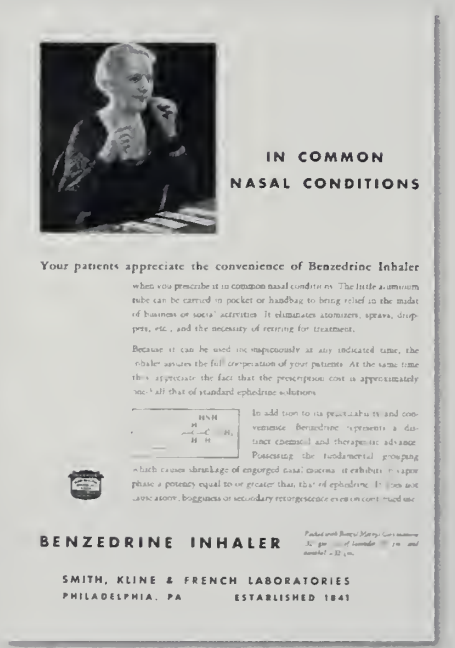


SOME LIKE IT HOT

1945

Warnings about the dangers of sun exposure were not as prevalent in the mid-1940s, when these ads appeared, as they are today. But the advertisement on the left does suggest that "sunbathing may be overdone"—which can turn the bathing beauty on the left into the baked beauty on the right.

1946



1935

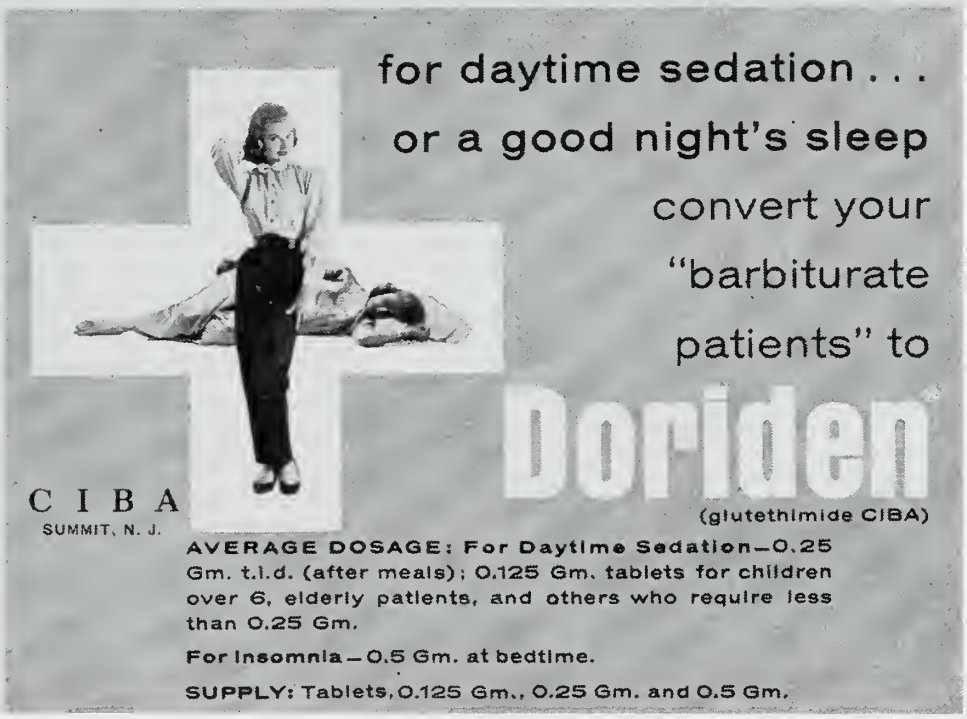
A 1935 ad for a Benzedrine inhaler claimed that the small aluminum tube "can be used inconspicuously at any indicated time" to relieve nasal congestion. The truth of this claim depends on one's definition of "inconspicuously," though the dowager on the left does seem to be appreciating the product's convenience. Right: In the mid-1940s, the same company marketed Benzedrine Sulfate therapy for depression, claiming that it could produce "an increased self-assurance, optimism, and sense of well-being"—qualities that the renewed man in the center clearly possesses. The drug was also touted as beneficial to menopausal women, especially when administered in conjunction with such measures as electroshock therapy.

FOR EASY BREATHING...

BRIGHT-EYED AND BUSHY-TAILED

In the 1950s, ads for Doriden, a sedative, reminded doctors that many of their patients—including the "harried housewife, corporation executive, or salesman"—might face insomnia caused by daily work pressures. This ad's model seems to have awakened both well rested and glamorous after taking her prescribed bedtime dose.

1958



...AND EASY BREATHERS

1940s

FOR LADIES OF A CERTAIN AGE

"Begone Jinniyeh!" one ad for female hormones exclaimed. "Gone are the days when it was thought necessary to consult a witch to cast out the female evil spirit—the jinniyeh—which possessed women during the menopause. Now Di-Ovocylin can cast out the 'evil spirit' by a series of hypodermic injections."

"Begone Jinniyeh!"

Gone are the days when it was thought necessary to consult a witch to cast out the female evil spirit...the jinniyeh... which possessed women during the menopause. Now DI-OVOCYLIN, "Ciba," can cast out the "evil spirit" by a series of hypodermic injections. The effect of the menopause on the psyche is well recognized... the effect of DI-OVOCYLIN on alleviating the symptoms of menopause is becoming more respected daily.

Rapidly disappearing also is the antiquated method of designating pure chemical estrogens in terms of meaningless units. Authorities agree that only gravimetric terms should be used for such estrogens. Modern estrogenic therapy calls for DI-OVOCYLIN, "Ciba"—the most potent estrogenic substance clinically mg for mg.

LITERATURE ON REQUEST

DI-OVOCYLIN

THE MODERN ESTROGENIC SUBSTANCE

C·I·B·A

CIBA PHARMACEUTICAL PRODUCTS INC. SUMMIT, NEW JERSEY

When Fear takes Hold...

90% of Secondary Amenorrhea Cases Relieved by Lutocylin

LUTOCYLIN

BEN-OVOCYLIN

CIBA

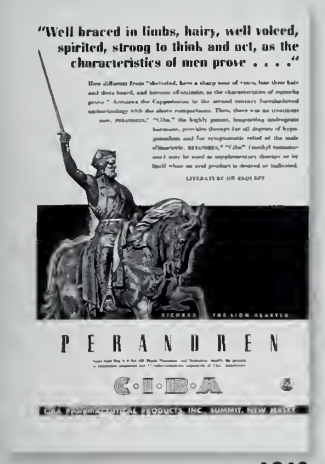
CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

1940s

1942

◂MIGHTY MUSH▸

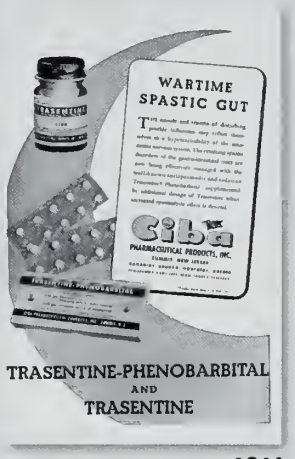
The word "pablum" has acquired a negative connotation over the years, but in the 1940s, the "palatable cereal" was promoted as a way to help children grow up strong and feisty. On the right, 1950s advertisements peddled the liquid vitamin Mulcin as "an achievement in pharmaceutical elegance," for its "unexcelled flavor and physical qualities."



1942

TAKE IT LIKE A MAN

An ad for a male hormone supplement proclaimed that it would help men become "Well braced in limbs, hairy, well voiced, spirited, strong to think and act."



1944

THAT GUT FEELING

Wartime anxieties took their toll, as reflected in this ad's warning that "the trauma of disturbing psychic influences" could result in spastic disorders of the gastrointestinal tract.

1960s

1950s

RASH▲ DECISIONS

The bond between mother and child was a common theme in ads of the 1950s and 1960s. This charming scene of domestic bliss was made possible "because their physician has kept her baby well nourished, healthy—and free from diaper rash." Desitin, the "pioneer external cod liver oil therapy," is still selling strong.

CIBA ads reprinted with permission from Novartis Pharmaceuticals Corporation; Desitin ad reprinted courtesy of Pfizer Consumer Group, Pfizer Inc

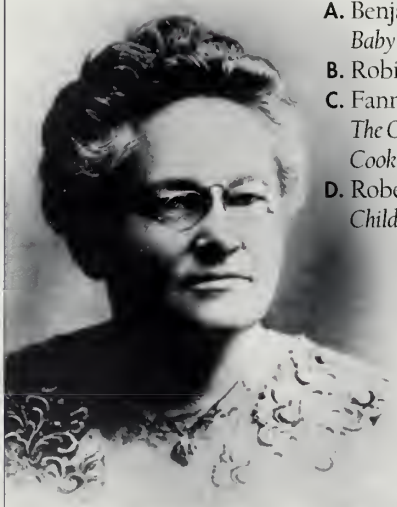
skeletons IN THE CLOSET

How well do you know your HMS lore?

1. What HMS dean told a graduating class, "Half of what we have taught you is wrong. Unfortunately, we do not know which half"?

A. Edward H. Bradford
B. C. Sidney Burwell
C. David Linn Edsall
D. George Packer Berry

2. HMS students have never received formal instruction from which of the following?



A. Benjamin Spock, author of *Baby and Child Care*
B. Robin Cook, author of *Coma*
C. Fannie Farmer, author of *The Original Boston Cooking School Cook Book, 1896*
D. Robert Coles, author of *Children of Crisis*

3. When Charles Eliot (pictured above) became Harvard president in 1869, he asked why HMS only held oral examinations. What was the response?

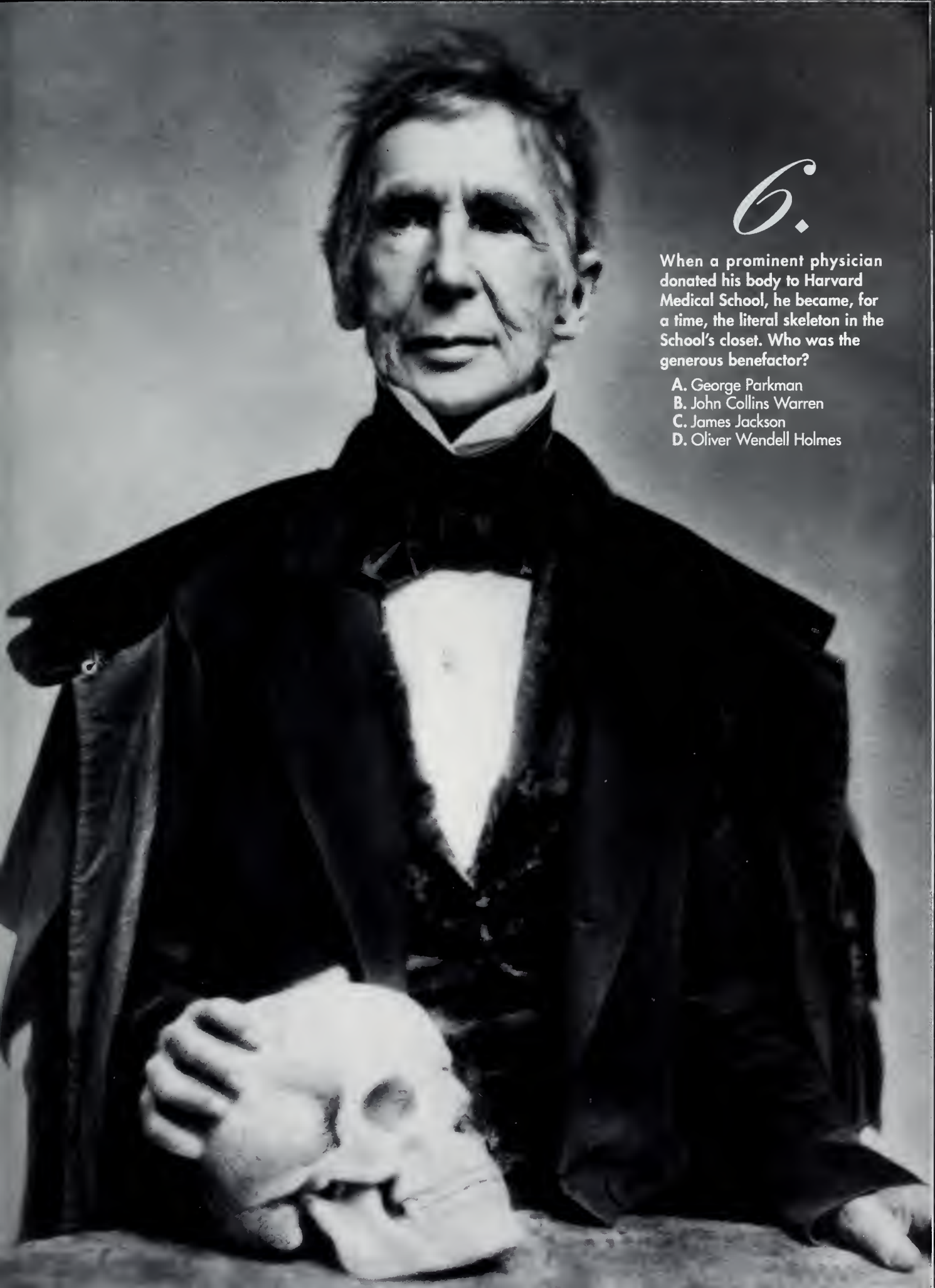
A. Students must learn to think on their feet.
B. Oral examinations are more efficient.
C. We follow the German model of education.
D. Many of the students can barely write.

4. Which of the following is not *part of the Warren Anatomical Museum collection?*

A. Dried skin specimens showing tattoos of sailing ships
B. The connected livers of Chang and Eng, the conjoined twins whose national origin gave rise to the term "Siamese twins"
C. A shrunken head prepared by a medical student
D. A two-headed goat

5. Which of the following did not *claim credit for the invention of ether anesthesia?*

A. William T. G. Morton
B. Charles T. Jackson
C. Nathan Keep
D. Horace Wells



6.

When a prominent physician donated his body to Harvard Medical School, he became, for a time, the literal skeleton in the School's closet. Who was the generous benefactor?

A. George Parkman
B. John Collins Warren
C. James Jackson
D. Oliver Wendell Holmes

7.

Jacob Bigelow, HMS dean from 1820 to 1821, enjoyed translating which of the following into Latin and Greek?

A. Shakespearean sonnets
B. Short stories by Washington Irving
C. Mother Goose rhymes
D. Poems by William Cullen Bryant

8. What statement did Professor Henry Jacob Bigelow use in his argument that the members of the Harvard Corporation should not have a hand in reforming education at HMS?

A. "Reverend Putnam believes that God, not medicine, cures disease."
B. "Mr. Lowell does not attend to the advice of his own personal physician."
C. "Judge Bigelow understands the law only barely, and certainly not medicine."
D. "Mr. Crowninshield carries a horse-chestnut in his pocket to keep off rheumatism."

9. When Clarence John Blake established an aural clinic at the Massachusetts Charitable Eye and Ear Infirmary in 1870, he had only one piece of equipment, which he used to test hearing. What was the device?

A. A dinner bell
B. A policeman's whistle
C. A tuning fork
D. A xylophone

10. Thomas Dwight, chair of the HMS anatomy department from 1883 to 1911, is considered "the father of forensic anthropology." Research into which subject led him to be an expert witness in the important murder trials of his day?

A. Dactyloscopy, or the art of fingerprint analysis
B. The trajectory of stab wounds
C. Methods of determining sex and estimating height from bone fragments
D. Bloodstain analyses at crime scenes

11. Harvard Medical School's current name came into general use only in the 1850s. What was it called before then?

A. Medical Institution of Harvard University
B. Boston Medical School
C. Massachusetts Medical College
D. All of the above

12. In 1928, Vanderbilt Hall regulations allowed students to entertain women guests in their rooms from 1:00 to 6:00 p.m. On what occasion were visiting hours extended by an hour?

A. Valentine's Day
B. Commencement
C. The Harvard–Yale football game
D. Mother's Day

13. When Alice Hamilton became the first woman to join the HMS faculty in 1919, she had to agree to forgo what symbolic expressions of a faculty rank?

A. An office in the Quadrangle, a velvet Commencement hood, and a portrait published in the *Aesculapiad*
B. Access to the Harvard Club, participation in the Commencement academic procession, and tickets to Harvard football games
C. A gold-headed cane, unlimited library privileges, and participation in faculty meetings
D. Second Year Show tickets, clerical assistance, and an insignia-embossed Harvard chair

CONNECT THE DOCS


Crichtan

What HMS graduate had a dinosaur named after him? Which fathered the longest-reigning monarch? And which declared that he suffered from *Cacoethes scribendi*, or the "itch to write"? Match the alumni below with their claims to fame.

1. What Olympic gald medalist turned dawn six-figure endarsements and a white Cadillac in arder ta be able ta facus an surgical studies at HMS?
2. What enviranmentalist is naw the hanarary president af the Sierra Club?
3. What philasapher canducted experiments in such phenamena as clairvayance, telepathy, and religiausly induced states af cansciausness?
4. What aphthalmalagical surgean traded in his scalpel far a canductar's batan?
5. What biachemist gained internatianal fame far his nature phatagraphy?
6. What Amazan Basin explarer built a geagraphical institute at Harvard?
7. What surgical resident and *New Yarker* authar was given the nickname "Egghead" while serving as an advisar ta Bill Clintan's presidential campaign in 1992?
8. What award-winning fictian writer helped faund a pragram aimed at fastering a lave af reading in children?
9. What cardiac surgean is naw serving in the U.S. Senate?
10. Wha helped authar the madern rules af baseball?
11. Whase famaus paem "Old Iransides," penned when he was a law student, helped ensure the preservatian af the famaus frigate the USS *Canstitutian?*
12. What farmer faatball player became an arthapedic surgean after his team wan the Super Bawl?
13. What natural health expert has gained an internatianal fallawing?
14. What critically acclaimed navelist and shart stary writer teaches fictian writing at the lawa Writers' Warkshap?
15. What cartaanist–cardialagist sketched clinical scenes during Warld War II?
16. What navelist financed his medical educatian by writing pseudanymaus thrillers?
17. What syndicated calumnist wan a Pulitzer Prize far distinguished cammentary?
18. What psychiatrist is a cammentatar far Natianal Public Radia's "All Things Considered"?
19. Wha was knawn as the father af madern medicine in his native cauntry?
20. What medical schaal dean wan a Natianal Baak Award far his campelling essays?
21. What farmer "ER" producer naw serves as executive praducer af "Law & Order: Special Victims Unit"?
22. What internist is an award-winning paet with faur baaks af paetry ta his credit?
23. What authar, under the pseudanym "Samuel Shem," set the medical establishment an its ear when he penned *The Hause af Gad?*
24. What New Yarker served as gavernar af the Territary af Alaska far 14 years and became knawn as "the father af Alaska statehaad"?


Albright


Thomas

a. Lewis Thamas '37
b. Ethan Canin '92
c. William Jomes, 1869
d. Elisso Ely '88
e. Stephen Bergman '73
f. Ernest Gruening '12
g. Mark Adickes '00
h. Eliot Porter '29
i. Michael Crichton '69
j. Prince Mahidal af Sangkla '28
k. Neal Baer '96
l. Perri Klass '86
m. Ernest Craige '43A
n. Rafoel Compo '92
a. Tenley Albright '61
p. Atul Gawonde '94
q. Alexander Hamilton Rice, 1904
r. Williom Frist '78
s. Oliver Wendell Holmes, 1836
t. Edgar Woyburn '30
u. Andrew Weil '68
v. Samuel Wang '88
w. Doniel Lucius Adams, 1838
x. Charles Krouthommer '75


James


Klass

KEY: 1. o 2. t 3. c 4. v 5. h 6. q 7. p 8. l 9. r 10. w 11. s 12. g 13. u 14. b 15. m 16. i 17. x 18. d 19. j 20. a 21. k 22. n 23. e 24. f

EXTRA CREDIT: Answers ta the initial questians: Michael Crichtan '69, in whase hanar, as authar af *Jurassic Park,* a newly discavered dinasaur was named *Bienasaurus crichtani* in 2000; Prince Mahidal af Sangkla '28, whase san, King Bhumibal Adulyadej, has sat an Thailand's thrane since 1946; and Oliver Wendell Halmes, Class af 1836, wha also claimed ta have "lead paisaning," which afflicts writers when the mind makes cantact with printer's type.

What dean was credited with introducing the microscope and the stethoscope to the HMS curriculum?

A. Oliver Wendell Holmes
B. George Shattuck
C. Walter Channing
D. Henry Pickering Bowditch

15. Which "anatomy" test question stumped and panicked a number of HMS students in the 1960s?

A. Where is the Mandibular Canal?
B. Where are the Islets of Langerhans?
C. Where is the Fissure of Rolando?
D. Where is the Circle of Tugo?

16. On whom did Benjamin Waterhouse, a founding faculty member of HMS, perform the first smallpox vaccinations in the United States?

A. His private patients
B. His stable hands
C. His HMS students
D. His children and domestic servants

17. HMS Dean John Collins Warren was instrumental in getting the Anatomical Law passed in 1831. Until then, it had been illegal to procure bodies for dissection purposes—a problem that led to grave robbing. The Anatomical Law enabled HMS students to dissect the bodies of which of the following?

A. Poor immigrants who had died without the means for burial fees
B. Unclaimed corpses
C. People who had died while patients on the wards of Harvard-affiliated hospitals
D. Executed criminals

HARVARD'S INDEX*

Numbers that reveal the history of Harvard Medical School

HMS tuition when the *Bulletin* debuted in 1927: **$400**

HMS tuition for 2002–2003: **$30,500**

Average number of new HMS graduates who chose emergency medicine in the eight years before "ER" first aired: **2**

Average number of new HMS graduates who chose emergency medicine in the eight years after "ER" first aired: **6**

Amount of grant money that HMS refused in 1880, so it could continue to deny the admission of female applicants: **$50,000**

Amount in current dollars: **$877,193**

Number of years after HMS was founded that it opened its doors to women: **163**

Number of years after HMS first admitted women that they outnumbered men in an incoming class: **50**

Number of years after HMS accepted women that the *Bulletin* published a secretarial recruitment ad that promised to provide "unmarried daughters of alumni" with "high salaries, attractive fringe benefits, and *exciting extracurricular activities!*": **13**

Number of years after HMS accepted women that the *Bulletin* published a "Notice to Alumni Fathers of Sons Who Are Planning to Apply to Harvard Medical School": **19**

Number of living HMS graduates: **approximately 8,700**

Number of HMS graduates awarded the Nobel Prize: **14**

Number of HMS graduates awarded an Olympic gold medal: **1**

18. The HMS seal, with its image of a rampant lion, draws from the family crest of which early faculty member?

A. John Warren
B. Benjamin Waterhouse
C. Aaron Dexter
D. James Jackson

19. In what year did HMS begin requiring an academic degree for admission?

A. 1848
B. 1881
C. 1901
D. 1924

20. In 1896, Walter Dodd, a pharmacist at Massachusetts General Hospital, used a hand-cranked Holtz static machine to power the hospital's first x-rays. For what purpose had the device been previously used?

A. To administer electrical shocks to patients with nerve disorders
B. To spark repressed memories in patients with head injuries
C. To study gastric motor activities under normal conditions
D. To restore normal heart rhythm to patients with arrhythmia

21. Walter Channing, one of the early deans of HMS, was dismissed from Harvard College in 1807 for participating in which of the following?

A. A cheating scandal involving a Latin exam
B. A student food rebellion
C. A drunken brawl following a Harvard–Yale rowing competition
D. A prank that resulted in the accidental destruction of a library bust of John Harvard

22. In 1849, authorities discovered that a local physician, George Parkman, had been murdered on HMS premises, in the chemistry laboratory of Professor John White Webster. Where was Parkman's body found?

A. The furnace in Webster's laboratory
B. A large wooden tea chest
C. A hole beneath Webster's private privy
D. All of the above

Answers: 1 B; 2 A; 3 D; 4 B; 5 C; 6 B; 7 C; 8 D; 9 A; 10 C; 11 D; 12 C; 13 B; 14 A; 15 D; 16 D; 17 B; 18 A; 19 C; 20 A; 21 B; 22 D

Special thanks to the incomparable staff of the Department of Rare Books and Special Collections at the Countway Library of Medicine for providing research on a number of these questions.

Number of HMS deans who have shared a name with a 1950s crooner: 1

Number of faculty members when HMS was founded in 1782: **3**

Number of HMS faculty members today: **nearly 8,000**

Number of years it taak ta build that marble marvel, the Taj Mahal: **22**

Number of years it taak ta build that marble marvel, the HMS Quadrangle: **3**

Number of times HMS has been listed as the country's top medicol schoal far research in the 13 years *U.S. News & World Repart* has been publishing the listings: **13**

Number af pages the *Bulletin* has published in the past 75 years: **16,342**

Number of *Bulletin* pages an which Buffy the Vompire Sloyer hos appeared: **1**

Number of *Bulletin* issues from the 1930s that advertised Chesterfield cigarettes: **20**

Number af ads for musicol cigorette baxes that play "Fair Horvard" when opened: **1**

**With permission from—and opologies to—Harper's Magazine, which has been publishing "Horper's Index" continuously since 1984.*

Joseph H. Pratt
1937 "My wife, Hazel, died on April 5, 2001. I still live at home in Rochester, Minnesota. I have been on two cruises this year and they were fun."

Frederick C. Robbins
1940 has been honored with the establishment of the Frederick C. Robbins, MD, Professorship in Child and Adolescent Health at Case Western Reserve University. Robbins joined the faculty at what is now known as the Case Western Reserve University School of Medicine in 1952 as a professor of pediatrics, served as dean from 1966 to 1980, and was named university professor emeritus in 1987. He shared the 1954 Nobel Prize in Physiology or Medicine for his role in research on the polio virus.

John E. Stewart
1941 "I am fortunate to be living in a retirement community, after having been hit by a viral meningitis last year. I have recovered enough to walk with crutches, thankfully."

Walter Pick
1942 "With my wife of 59 years, I have been fortunate to have traveled widely and seen a good part of the world. In recent years we have enjoyed enrichment classes in senior education programs. I am happy in my memories of when medicine was truly a profession."

Hermes C. Grillo
1947 "I received the Carl Bakken Award for Scientific Achievement from the Society of Thoracic Surgeons. I am thankful to friends, colleagues, and patients who are establishing the Hermes Grillo Professorship of Thoracic Surgery at HMS and Massachusetts General Hospital."

David Chamovitz
1948 "My memoir, *By All Means, Resuscitate*, has just been published. The curious among you can visit xlibris.com/bookstore. If you aren't one of my many roommates or esteemed teachers, don't look for your name. As Adam said to Eve, 'These are difficult times we are living in.' Such is the case with Marcia and me in Israel. We work for peace while watching our backs."

Taufick E. Bendeck
1949 "I am enjoying retirement. My wife, Phyllis, and I spend half our time in Florida and the other half on our beachfront property on Trujillo Bay in Honduras. All six of our kids are married and working successfully—financially better off than I was at their age. Thank God!"

John F. Morrissey
"I am sorry to report that my wife, Ruth, died of recurrent lung cancer in December, just short of our 52nd anniversary.

I continue to enjoy living in the high desert of central Oregon—golf in summer, skiing in winter."

Hart Achenbach
1950 "I spend a fair amount of time as a docent at the Peabody/Essex Museum in Salem, Massachusetts. I learn a lot and meet interesting people. I also volunteer at the Board of Registration in Medicine doing patient care assessment."

James B. Field
1951 "I was selected as Volunteer of the Year by the Massachusetts Medical Society for the program that I initiated for retired physicians to volunteer to provide health care for uninsured and underinsured people in Massachusetts."

George Eisenman
1953 "I'm still enjoying skiing and golf despite an osteoarthritic back, spinal stenosis, and a 39-year-old knee dislocation. I don't enjoy walking anymore, but Nancy continues to be the 'Iron Man' in this family!"

Daniel Federman
has received the Abraham Flexner Award for Distinguished Service to Medical Education, the highest honor bestowed by the Association of American Medical Colleges. The award recognizes extraordinary contributions to medical schools and to the medical education community. Federman has been involved in shaping education at HMS for more than 20 years. During his tenure as dean for medical education, he was instrumental in implementing the New Pathway curriculum. He is

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